Cooperation Program between Latin America, the Caribbean and the European Union on drug polic

Jamaica Territorialization Challenge

A Practical Guide to implementing projects in vulnerable communities

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COPOLAD

NATIONAL COUNCIL ON DRUG ABUSE
NCDA
A Department of the Ministry of Health and Wellness

Jamaica Territorialization Challenge

A Practical Guide to implementing projects in vulnerable communities

National Council on Drug Abuse
Jamaica
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Introduction

In collaboration with the Cooperation Programme between the European Union, Latin America, and the Caribbean on Drug Policies (COPOLAD III), Jamaica was selected to participate in the implementation of a pilot project on Community Treatment (CT). Throughout this process, technical meetings were held with COPOLAD experts, a national working group was established, and a training course on CT was organized, in which Jamaican government officials successfully participated. As a result, a pilot territorialization project was proposed and implemented in the highly vulnerable community of Salt Spring, located in St. James Parish.

The officials involved were trained in the CT territorialization process through COPOLAD III in 2023, under the framework of Working Group 2.4. Following their successful participation in the course, Jamaica was invited to take part in an internship in São Paulo and Fortaleza, Brazil, where they gained in-depth, hands-on experience in how the Community Treatment process is implemented by governmental and non-governmental organizations. These field visits emphasized integrated services delivered in and with vulnerable communities, with a strong focus on gender and economic inclusion for people with problematic drug use and their families.

The Community Treatment Model

The Community Treatment Model —CT-ECO^2— is implemented by the American Network for Intervention in Social Suffering (RAISSS) to carry out interventions from and with communities in territories experiencing social suffering in contexts of high vulnerability, with or without drug-related problems (Espíndola et al., 2020).

The model has been successfully implemented in multiple countries and applied in various settings across Latin America and the Caribbean (UNODC Colombia, 2021), including open communities, neighborhoods, schools, virtual environments, and correctional facilities. The intervention is structured around six key axes: **Organization and Prevention; Basic Assistance and Harm Reduction; Education and Rehabilitation; Medical and Psychological Care; Employment, Work, and Sustainability;** and **Relaxation, Fun, and Pleasure.** Each axis mobilizes active community engagement and local

networks, with continuous impact evaluation through structured training and data collection mechanisms.

CT-ECO^2 promotes the development of community networks that include institutional actors, private stakeholders, and natural leaders, fostering synergy between community-led initiatives and institutional processes. Its core principles emphasize that the community is a living system of networks, where members are protagonists rather than beneficiaries, and that sustainable community development requires the active participation of people and their surrounding environment.

The implementation of CT-ECO^2 unfolds through several stages: initial outreach with community leaders, field diary recording, and early formal engagement with individuals in vulnerable situations, followed by the introduction of cultural and recreational activities to initiate treatment. This is succeeded by the structuring of a network of community allies and the application of the **Outcome Evaluation System (SER)** to measure treatment impact.

To monitor and analyze results, CT-ECO^2 uses the **Teia Social System**, an online platform for longitudinal monitoring of interventions, assessing their effectiveness in reducing risk and improving participant well-being. In Latin America and the Caribbean, CT-ECO^2 has yielded positive results, validating an ethics- and complexity-based approach that enhances active community involvement in transformative processes. By empowering local networks and fostering participation, CT-ECO^2 enables effective interventions in highly vulnerable areas, achieving measurable improvements in quality of life and social cohesion.

The **National Council on Drug Abuse (NCDA)** led the implementation of the pilot intervention in Salt Spring, in close collaboration with local stakeholders in health, education, justice, and community sectors. Based on the success of this initiative, the NCDA has formally expressed its interest in scaling the territorialization model to other communities across Jamaica, as a community-based, multisectoral strategy aligned with national priorities in public health, social protection, and violence prevention.

This document presents a structured and replicable roadmap for implementing the CT territorialization model in Jamaica, based on the conceptual and methodological framework of the COPOLAD III training course (10 modules). It emphasizes that:

> *"The community approach focuses on the capacity and processes through which vulnerable communities, using bottom-up pathways, are able to produce organization, services, and responses, and contribute to the sustainability of top-down policies" (Milanese, Efrem, 2020).*

Objectives of the Guide

Considering this context, the purpose of this document is to provide a practical guide to support territorialization programs in Jamaica, in alignment with the public policies proposed by the **Department of Drugs**. This guide offers a structured

methodology and specific tools for the territorialization process, adapted to the Jamaican context.

Stakeholders involved

The implementation of the COPOLAD territorialization model in Jamaica was spearheaded by the National Council on Drug Abuse (NCDA). The core implementation team consisted of committed professionals, many of whom were trained in community-based treatment methodologies through COPOLAD. Key national team members included Natoya James, Case Management Coordinator and Country Representative; Trisha McCarthy, Director of Programme Development and Team Lead; Lyrris Williams, Programme Development Officer; Ms. DeAnne Ebanks, Behaviour Change Communications Manager; Uki Atkinson, Senior Director of Research, Programme Development, Monitoring and Evaluation Branch and Dayna Johnson, NCDA Youth Ambassador. In the Western Region, the St. James team, led by Regional Manager Mr. Clifton Morris, comprised parish coordinator, case manager, harm reduction officer and additional interns and volunteers.

This regional team collaborated closely with other agencies such as the Social Development Commission, Salt Spring Community Development Committee and Project Star (NGO). Other community groups and residents were included fostering trust and driving grassroots engagement. This collective effort will make the pilot of the Redirection programme in Salt Spring, St. James a success. The demonstration of the territorialization model's effectiveness in addressing local vulnerabilities through inclusive, community-led approaches has led to the drive to adapt and integrate this approach into the National Council on Drug Abuse Targeted Community Intervention frameworks.

Target audience

Published by COPOLAD, this guide serves as a key resource for policymakers, civil society organizations, community leaders, and various professionals and organizations working with highly vulnerable populations in Jamaica.

Use and Implementation of COPOLAD territorialization model in Jamaica

The National Council on Drug Abuse (NCDA) acknowledges the impact of the COPOLAD territorialization model piloted in Salt Spring, St. James, and formally expresses its interest in adopting and scaling the model across Jamaica. This community-based, multisectoral approach aligns with NCDA's mandate to promote public health, reduce drug-related vulnerabilities, and enhance community resilience through inclusive and participatory strategies.

Rationale for implementation

- Alignment with Jamaica's public health and social protection priorities.
- Relevance to rural and urban contexts across all health regions.

- Strengthens Jamaica's capacity to deliver localized, evidence-based interventions that are community-driven.

Proposed Steps for national implementation

1. Strategic Planning and Institutional Endorsement

- Integration into NCDA's national strategic framework.

2. Technical Preparation and Document Development

- Drafting of a national Country Document outlining the adaptation framework.
- Finalization of an Implementation Manual tailored to Jamaica.
- Development of SOPs, MEL tools, and network mapping templates.

3. Capacity Building and Training

- Facilitation of a national Training-of-Trainers (ToT) programme.
- Delivery of community-level orientation and technical training.
- Strengthening of inter-agency and stakeholder capacity.

4. Pilot Expansion and Regional Implementation

- Selection of four pilot communities (one in each health region).
- Engagement of community leaders and stakeholders.

5. Monitoring, Evaluation, and Learning

- Application of participatory MEL framework.
- Integration of feedback loops for continuous improvement .

6. Sustainability and Policy Integration

- Collaboration with Ministries, Departments and Agencies as well as NGOs for institutional anchoring.
- Documentation and dissemination of best practices for policy integration.

The NCDA is committed to working closely with COPOLAD III, and other key stakeholders to ensure the successful adaptation and national rollout of the territorialization model. The Salt Spring pilot is demonstrating the transformative potential of this approach, and NCDA stands ready to lead the charge in utilizing this approach across Jamaica.

PART 1: JAMAICA'S NATIONAL DRUG STRATEGY

Background and sociocultural context

Jamaica is an island nation in the Caribbean, known for its rich culture, lush landscapes, and ethnic diversity. It is the third-largest Caribbean island and the largest English-speaking island in the Caribbean Sea. Located 90 miles south of Cuba, 600 miles south of Florida, USA, and 100 miles southwest of Haiti, Jamaica spans approximately 146 miles in length and 51 miles in width, covering an area of 4,411 square miles.

According to the Statistical Institute of Jamaica (STATIN), the country's population was estimated at 2,838,652 as of September 30, 2024, based on preliminary data from the 2022 Census of Population and Housing. The population density is 262 people per square kilometer, with 59.6% of the population residing in urban areas. The median age is 32.2 years.

Problematic drug use in Jamaica has been a growing concern over the past decades. Like many other Caribbean nations, Jamaica faces challenges related to the consumption of illicit substances, particularly marijuana, as well as other drugs such as cocaine and substances of abuse like alcohol. The country's sociocultural context, characterized by strong resistance movements and economic vulnerability in some areas, has significantly influenced drug use dynamics.

Jamaica has a longstanding association with marijuana use, particularly linked to the Rastafari movement and reggae culture, which have contributed to normalizing its consumption in many sectors of society. In recent years, marijuana has been partially legalized for medical and recreational use, altering social perceptions of the drug and its consumption. While this has led to broader social acceptance, excessive and problematic use remains a concern, especially among young people.

Additionally, Jamaica faces complex social challenges, including urban violence, poverty, and high unemployment rates, which are often linked to drug use and its consequences. Among Jamaican youth, substance use has become an increasing concern in recent years.

The country's healthcare system struggles to provide adequate treatment and rehabilitation services for individuals with substance use disorders. While public services are available, they fall short of meeting the growing demand. Many Jamaicans experiencing substance abuse do not have adequate access to treatment due to limited resources, infrastructure, and the stigma surrounding addiction.

Public policies have sought to expand access to treatment; however, there remains a significant gap between need and service provision. Expanding the network of rehabilitation centers and implementing evidence-based treatment programs are necessary steps toward more effective addiction management. Reducing the stigma surrounding substance dependence is also crucial to encouraging more individuals to seek help.

In response to these challenges, public policies and intervention strategies have been implemented to mitigate the social and economic harms associated with drug use.

The 2014 document *"Drug Prevention Policy in Jamaica" (OAS/CICAD – Sub Regional Seminar)* describes Jamaica as aligned with international and regional efforts, basing its drug control policy on the adoption and coordination of the three main United Nations conventions on the subject: the 1961 Single Convention on Narcotic Drugs, as amended by the 1972 Protocol; the 1971 Convention on Psychotropic Substances; and the 1988 Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances. These international instruments provide the foundation for national drug control strategies, aiming to balance demand and supply reduction, reinforcing each other in an integrated approach.

The document also states that Jamaica's national drug policy is structured around a *National Master Plan for Drug Control*, covering both demand and supply reduction. Demand reduction includes prevention, treatment, and rehabilitation, while supply reduction involves international control measures, interception, and law enforcement. The primary goal of the policy is to minimize the negative effects of drugs, whether legal or illegal, on Jamaican society.

At the time, the document identified the main gaps in an effective drug policy as the lack of a comprehensive national policy statement, the absence of a national coordinating body, and the need for an implementation plan guided by prevention and treatment policies.

The document concludes with recommendations for the period 2013–2017:

- The development of a *National Drug Policy* aligned with the principles of the *Political Declaration of the United Nations General Assembly Special Session (UNGASS)*.
- The *creation of a National Master Plan, a National Policy on Addiction Treatment, and a National Policy on Drug Use Prevention.*
- *A significant focus on demand reduction programs, complementing supply reduction efforts; and*

- *The establishment of a Drug Advisory Council to coordinate and advise on drug policy issues at the* national level, reporting directly to the Prime Minister's Office.

Between 2017 and 2021, Jamaica implemented the *National Plan for Drug Prevention and Control (2017-2021)*, a comprehensive strategic document developed by the *Ministry of National Security* to address the country's illicit drug problem. Its main objective was to reduce the negative impacts of drug use and trafficking on Jamaican society through a balanced and multidisciplinary approach to both demand and supply reduction.

The document begins by highlighting the global drug crisis, which affects millions of people worldwide, causing harm to families, communities, and economies. Jamaica, as part of this global landscape, faces significant challenges, including the rising use and abuse of drugs, the link between drug trafficking and violent crime, and corruption within law enforcement agencies. The plan recognizes that the drug problem has profound impacts on public health, national security, and economic development. By adopting a balanced approach that combines demand and supply reduction, the plan aims not only to suppress drug trafficking but also to prevent drug use and provide treatment and rehabilitation for those affected. Its implementation represents a significant effort to protect public health, national security, and social well-being in Jamaica while aligning with international best practices in drug control.

More recent information, based on the *2023 Evaluation Report on Jamaica's Drug Policies*, provides a detailed overview of the country's progress and challenges in drug control.

This report, developed within the framework of the *Multilateral Evaluation Mechanism (MEM)* of the *Inter-American Drug Abuse Control Commission (CICAD/OAS)*, offers a comprehensive analysis of Jamaica's national drug control policies and strategies, focusing on three key areas:

1. Institutional Strengthening.
2. Research, Information, Monitoring, and Evaluation.
3. International Cooperation.

The report highlights achievements, challenges, and recommendations for improving the country's drug policies.

Below is a table summarizing the strengths and challenges in each of these areas:

Area	Strengths	Challenges & recommendations
Institutional Strengthening	• Well-established national drug authorities, including the Ministry of National Security, the National Council on Drug Abuse (NCDA), and the Cannabis Licensing Authority (CLA), which operate with a legal framework and receive annual budgets. • An integrated and multisectoral approach to drug policy formulation and implementation, with coordination mechanisms between government agencies and civil society organizations. • Progress in data collection and evidence-based policy updates, focusing on demand and supply reduction, as well as international control measures.	• Need for greater decentralization of drug policies by creating local and subnational structures for a more effective response to drug-related issues. • Increased involvement of the private sector and local governments in policy formulation and implementation, along with the creation of funding mechanisms for local initiatives. • Full integration of a gender perspective into drug policies.
Research and Information	• Existence of a National Drug Observatory (NDO) that conducts research and collects data on drug use using standardized quantitative and qualitative methodologies. • Partnerships with academic institutions such as the University of the West Indies (UWI) for data analysis and the production of reports on drug trends. • Regular publication of studies on drug use, including household surveys and research with high school students, which serve as the basis for demand reduction policies.	• Absence of a Drug Information Network (DIN) and an Early Warning System (EWS) to identify new psychoactive substances and emerging threats. • Need for more studies on the impact of prevention and treatment programs, as well as impact assessments to measure the effectiveness of interventions. • Greater capacity-building for local stakeholders in drug-related data collection and management.
International Cooperation	• Active participation in international cooperation programs such as COPOLAD and SEACOP, aimed at strengthening drug control policies and improving maritime and border security. • Bilateral and multilateral agreements to combat drug trafficking, including mutual legal assistance and extradition, in compliance with international legal instruments. • Promotion of knowledge exchange and best practices with other countries, particularly regarding training and professional development for drug policy enforcement officers.	• Increased promotion of technology transfers between OAS member states and international organizations. • Wider dissemination of MEM evaluation reports among national institutions and the general public to raise awareness of drug policies.

Based on the *2023 Evaluation Report on Jamaica's Drug Policies*, the country demonstrates a strong commitment to evidence-based policy implementation and international cooperation. However, there is still room for improvement, particularly in decentralizing policies, integrating a gender perspective, and strengthening information and monitoring systems.

Institutional and Regulatory Framework of Jamaica's Drug Policy

Jamaica's national drug authorities include:

- **Ministry of National Security** – Responsible for crime reduction and maintaining peace and order, established under the **Jamaica Constitution (1962)**.
- **Jamaica Constabulary Force (JCF) – Narcotics Division** – Established in 1716, operating under the **Constabulary Force Act (1935)**, under the Ministry of National Security.
- **National Council on Drug Abuse (NCDA)** – Founded in 1983, with authority from the **National Council on Drug Abuse Act (1991)**. It functions as an executive agency delivering research-driven public education, prevention, and treatment programs. It falls under the **Ministry of Health and Wellness (MOHW)**, whose mandate is to ensure quality healthcare services and promote healthy lifestyles.
- **Cannabis Licensing Authority (CLA)** – Established in 2015 under the **Dangerous Drugs Amendment Act (2015)**, under the **Ministry of Industry, Investment, and Commerce (MIIC)**, with a mandate to regulate cannabis-related policies while fostering economic growth and social inclusion.

Jamaica's national drug policies are based on several legal frameworks, including:

- Jamaica Constitution (1962).
- Jamaica Constabulary Force Act (1935).
- Dangerous Drugs Act (1948, 2015, 2021).
- Dangerous Drugs (Cannabis Licensing) (Interim) Regulations (2016).
- Food and Drugs Act (1964) and Regulations (1975).
- Precursor Chemicals Act (1999) and Regulations (2013).
- Public Health (Tobacco Control) Regulations (2013).
- National Council on Drug Abuse Act (1991).

Jamaica has established a coordination and collaboration mechanism among agencies and different levels of government (national and subnational) to formulate, implement,

monitor, evaluate, and update national drug policies and strategies. The **Ministry of National Security** serves as the primary coordinating body for drug policy. A **Technical Working Group** has been established, including:

- JCF Narcotics Division
- NCDA
- CLA
- Ministry of Industry, Investment, and Commerce
- MOHW
- RISE Life Management Services
- Ministry of Education and Youth

In terms of demand reduction, the NCDA collaborates with multiple government ministries and agencies to develop, update, and monitor drug-related policies and strategies. These efforts incorporate studies, evolving trends, and international best practices adapted to the local context. Annual plans and strategies rely on input from authorities to update Jamaica's approach to substance use, applying a public health perspective.

Jamaica's national drug authorities coordinate areas including demand reduction, supply reduction, control measures, drug observatory functions, international cooperation, and program evaluation. However, the country does not currently coordinate comprehensive and sustainable alternative development programs.

Jamaica is actively engaged in regional and international cooperation through organizations such as CARICOM (Caribbean Community) and the OAS (Organization of American States). CARICOM fosters economic, political, and social collaboration among Caribbean nations, while the OAS enables Jamaica's participation in hemispheric initiatives on drug control policies and institutional strengthening.

Jamaica considers the OAS 2020 Hemispheric Drug Strategy and its Plan of Action when formulating and updating national drug policies. Accordingly, the National Drug Control and Prevention Master Plan and strategic programs incorporate elements of the Hemispheric Strategy on Drugs and its Plan of Action to align Jamaica's initiatives with regional and international best practices.

Jamaica's drug policies also align with the UN 2030 Agenda for Sustainable Development, particularly Goal 3, which focuses on ensuring healthy lives and promoting well-being. Through the MOHW, the government has implemented strategies to strengthen the prevention and treatment of substance abuse, including narcotic drugs and harmful alcohol consumption. Recent initiatives include a review of the Tobacco Control Act (2020), which seeks to protect public health by regulating tobacco use, including e-cigarettes and nicotine products. The act also mandates increased graphic health warnings on tobacco products, expanding from 60% to 80% of packaging.

Jamaica's national drug policies incorporate a human rights approach. The Dangerous Drugs (Amendment) Act (2015) legally recognizes the use of cannabis for sacramental purposes, respecting Rastafarian religious practices. The law allows for:

- Designation of Rastafari places of worship where cannabis use is permitted.
- Designation of cultivation areas for sacramental cannabis use.
- Exemptions for religious events where cannabis use is an integral part of observance.

These provisions ensure compliance with the Charter of Fundamental Rights and Freedoms, protecting religious and cultural practices.

Additionally, Jamaica's drug treatment and harm reduction strategies prioritize a human rights-based approach. The Drug Treatment Court (Treatment and Rehabilitation of Offenders) Act provides alternative measures to incarceration for minor drug-related offenses, promoting rehabilitation over punishment. The act incorporates gender-sensitive approaches, ensuring that policies reflect the diverse needs of affected populations.

Recent efforts have focused on research, training, and strategy development to enhance gender perspectives in alternative-to-incarceration initiatives.

According to data from the National Council on Drug Abuse (NCDA), the pattern of substance use in Jamaica showed significant changes between 2016 and 2023. At the national level, the harmful use of alcohol recorded a slight decrease, moving from 16.3% in 2016 to 15.7% in 2023. In contrast, the daily use of tobacco increased considerably, rising from 7.0% to 11.6%. High-risk ganja use also registered a substantial increase, from 49.6% to 65.9%, indicating a concerning upward trend in cannabis consumption.

Regarding risky driving behaviors, there was an increase in the rate of driving under the influence of alcohol, rising from 14.4% to 17.5%. Meanwhile, the rate of drugged driving showed a decrease, falling from 14.4% to 10.3%. Additionally, the consumption of edible products containing psychoactive substances more than doubled during the period, increasing from 6.6% in 2016 to 13.3% in 2023.

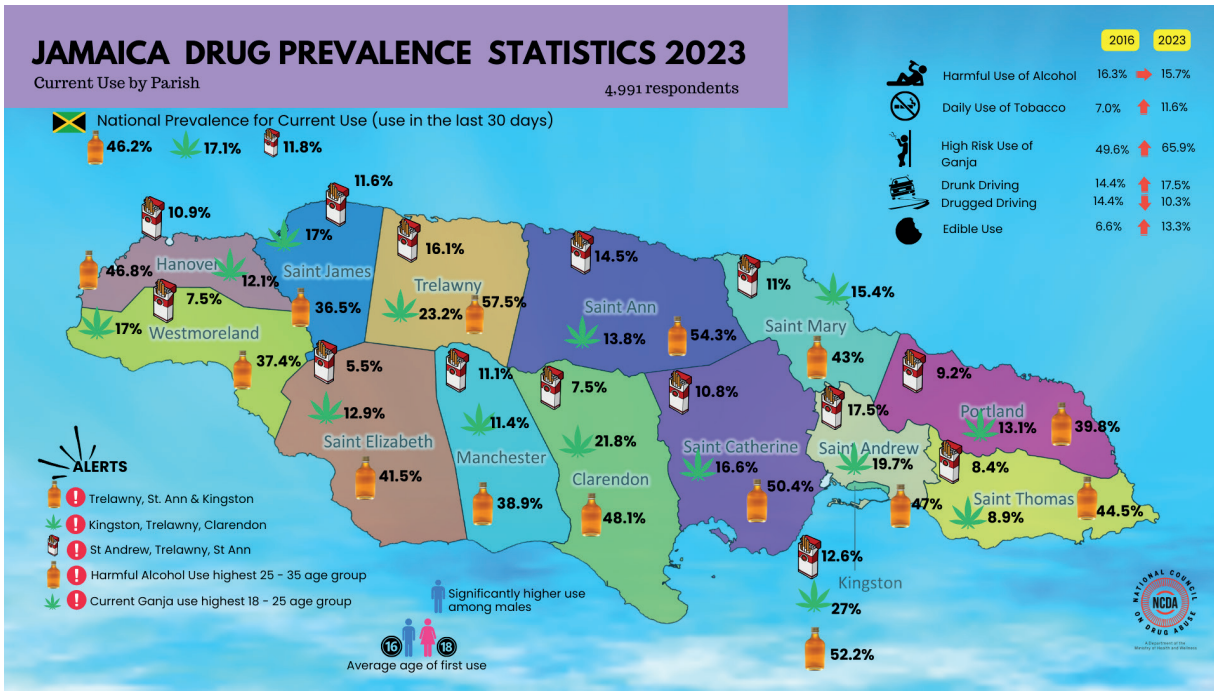
Disaggregated data by parish reveals that the highest rates of current alcohol use (use within the last 30 days) were recorded in Trelawny (57.5%), Saint Ann (54.3%), Kingston (52.2%), and Saint Catherine (50.4%). Regarding ganja use, the highest prevalence rates were found in Clarendon (21.8%), Trelawny (23.2%), and Saint Catherine (16.6%). It is important to highlight that current ganja use is highest among the 18 to 25 age group, whereas harmful alcohol use peaks in the 25 to 35 age group. Specific alerts were issued for several parishes:

- Trelawny, Saint Ann, and Kingston: highest prevalence of harmful alcohol use;
- Kingston, Trelawny, and Clarendon: highest prevalence of daily tobacco use;
- Saint Andrew, Trelawny, and Saint Ann: highest rates of drunk driving.

In terms of age of first use, the average is 16 years for males and 18 years for females. Furthermore, substance use prevalence is significantly higher among males compared to females.

These trends demonstrate a complex and evolving dynamic of substance use in Jamaica, with significant variations across parishes and by type of substance, highlighting the need for tailored intervention strategies that address the specific realities of each local context.

These data are compiled in the chart below (NCDA, 2023):



National Council on Drug Abuse

The experience described in this guide was conducted by the NCDA, the proposing organization.

The National Council on Drug abuse (NCDA) was established in October 1983, by the then Prime Minister, the Rt. Hon. Edward Seaga, and assigned to the portfolio of the then Ministry of Science, Technology and Energy with Dr. Ronald Irvine as Chairman of the Council. In 1984, the Ministry of Science, Technology and Energy was disbanded, and the responsibility for the National Council on Drug Abuse was transferred to the Office of the Prime Minister. In 1994, the Ministry of Health and Wellness (MOHW) assumed responsibility for the Council.

Who we are

We are a dynamic, multidisciplinary team that offers evidence-based prevention services surrounding substance misuse prevention, education & treatment, wellness support and case management for recovery.

Vision

A Jamaica where substance misuse is eradicated, and the population thrives in mental wellness.

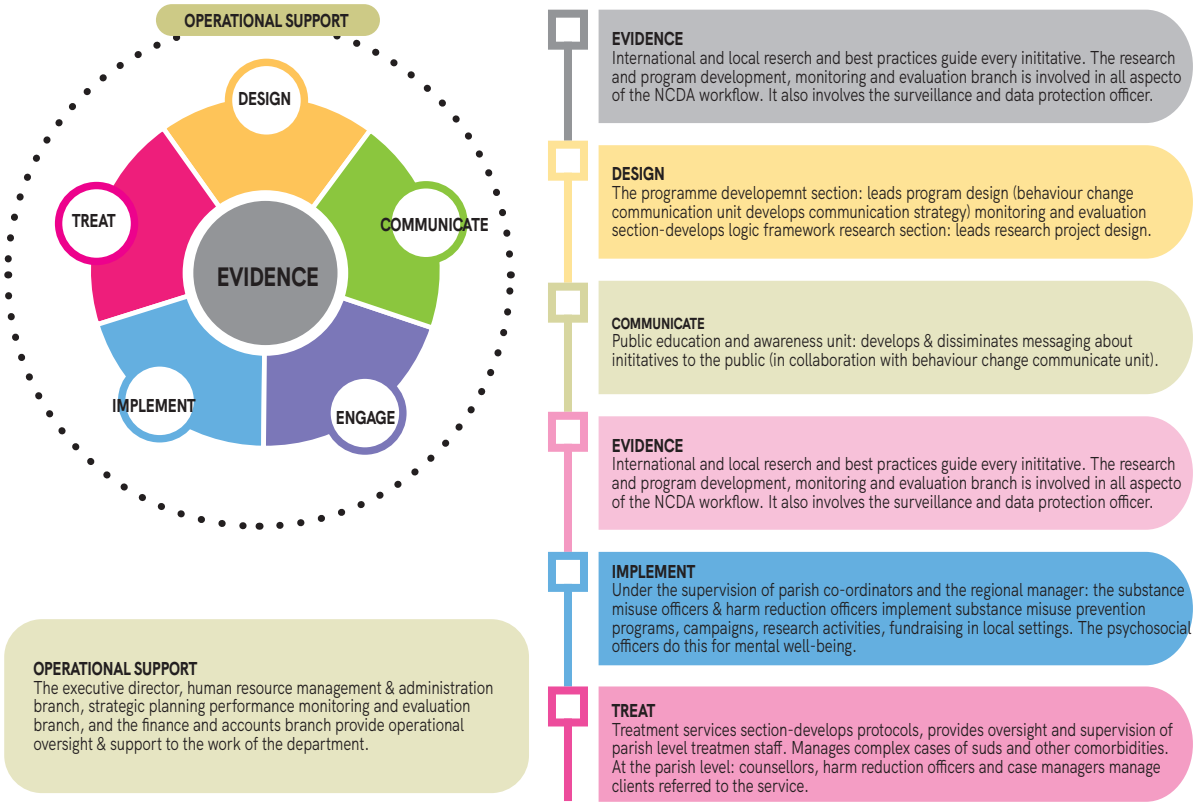
Mission

To prevent substance misuse and promote psychological well-being, through evidence-based services fostering resilience and recovery.

Our operational mode

All our initiatives are guided by evidence. Our programmes are designed based on a logic framework. Messaging strategies are identified based on target population. We utilize a participatory approach to engage our stakeholders and implement

programmes. We respond to client needs through case management & treatment support.



Our Promise to Our Stakeholders

We are committed to fostering collaboration, consultation, communication, commitment, and the successful completion of all initiatives. These principles guide our interactions and partnerships with all stakeholders, ensuring transparency, shared ownership, and the effective delivery of our mission.

Our Services

Our organization offers a comprehensive range of services designed to promote wellness, prevent substance misuse, and strengthen the social determinants of health within Jamaican communities.

- **Drug Education:** We work to prevent drug misuse by building awareness, providing age- and stage-appropriate information that empowers individuals to make informed and healthy decisions throughout their lives.
- **Life Skills Training:** We enhance protective factors that support individual and community wellness by developing life skills and emotional management abilities. These skills are essential to strengthening the social determinants of health and fostering resilience and mental well-being.

- **Treatment Support:** Our goal is to prevent the progression of substance use disorders by providing accessible support services. We improve access to treatment through community-based outreach, telephone support, and text messaging services, ensuring that help is available through multiple channels.
- **Case Management:** We coordinate social services for vulnerable groups, aiming to optimize both prevention and treatment outcomes. Our case management services ensure that individuals receive integrated, continuous, and tailored support across various systems of care.
- **Research:** We conduct population-based surveys and rapid assessments to better understand the patterns and prevalence of substance use among Jamaicans. This research is critical in guiding the formulation of public policies and the development of evidence-based programmatic interventions.
- **Early Warning System on Drugs:** We coordinate a multidisciplinary network of law enforcement and health professionals to identify threats related to new psychoactive substances and issue multi-level alerts to protect public health and security. Through this system, we proactively safeguard our communities against emerging substance-related risks.

Our Expansion as a Department of the Ministry of Health and Wellness

We have embarked on a new phase of our journey as part of Jamaica's civil service. As a department within the Ministry of Health and Wellness, we are committed to offering expanded services to the population. This includes broader geographic coverage, enhanced access to services, an expanded treatment role, the growth of online service platforms, increased specialization, and the provision of comprehensive psychosocial support.

Expectations of Our Stakeholders

We rely on the steadfast support of our stakeholders to achieve our goals. You are a valuable part of the work we do, and we are deeply grateful for your partnership. Together, we are striving to make Jamaica a place where substance misuse is eradicated, and the population thrives in mental wellness.

Prevention Programmes

The National Council on Drug Abuse (NCDA) implements a range of prevention programmes designed to target specific age groups and community needs. These initiatives include READ Junior, a selective programme aimed at children aged 5 to 7, particularly those in low-level literacy classes. Rory's World targets children aged 8 to 10 through a selective prevention approach. READ Plus focuses on youth aged 12 to 17, incorporating HIV education into its curriculum to address broader health issues alongside literacy development.

Additionally, Operation Lighthouse is a universal programme that aims to strengthen family bonds, promoting healthier family dynamics as a protective factor against substance misuse. The #TalkDiTruth initiative provides universal ganja education for

high school students, seeking to raise awareness about the risks associated with cannabis use.

For youth already identified as at risk, Step-Up offers an indicated prevention programme designed to provide targeted interventions. Finally, Strive addresses low-level literacy needs for young people aged 12 to 16 through a selective approach, supporting academic development as part of broader substance misuse prevention strategies.

PART 2: TERRITORY

Reference Community for the Development of the Guide

St. James Parish

Jamaica is an island in the Caribbean with a diverse population and a history marked by struggles for independence and social justice. It is divided into 14 administrative divisions called parishes. These parishes are grouped into three historical counties, which are no longer used for administrative purposes: Surrey, Middlesex, and Cornwall.

The community currently undergoing the territorialization experience is located in St. James Parish and is called Salt Spring. A general overview of St. James Parish, where the community is located, will be provided to contextualize the project.

Figure 1. Jamaica´s parishes

History

St. James Parish was established as one of Jamaica's original parishes in the 17th century. The city of Montego Bay, founded within the parish, became a vital commercial hub during the colonial era. In the 18th century, the parish thrived economically thanks to sugar production and the slave trade, with sugar cane plantations dominating the landscape. This period was marked by the exploitation and oppression of enslaved Africans, who worked on the plantations under inhumane conditions.

One of the most important historical events related to St. James is the 1831-1832 Christmas Rebellion, also known as the Sam Sharpe Rebellion. Led by Samuel Sharpe, a Baptist deacon and enslaved person in the area, the rebellion was a resistance movement against the brutal conditions of slavery. Although the uprising was violently suppressed, with hundreds of slaves killed and others executed, it played a crucial role in the abolition of slavery in the British Empire, which occurred in 1834. Today, Sam Sharpe is revered as a Jamaican national hero.

With the abolition of slavery in 1834, St. James, like other parts of Jamaica, underwent a difficult economic transition.

Montego Bay, the capital of St. James, began to develop as a tourist destination in the early 20th century.

Population

St. James Parish, where Montego Bay and William Street are located, is one of the most populous parishes in Jamaica. According to STATIN data, the population of St. James exceeds 190,000 inhabitants, with considerable population growth in recent decades.

Montego Bay, as the economic and tourism hub of the region, attracts both internal and foreign migrants seeking employment, which directly affects peripheral communities like William Street.

William Street's location offers an opportunity to connect with Montego Bay's tourism and commerce. William Street's rich cultural heritage also presents an opportunity to develop cultural programs and events that would not only strengthen the local sense of identity but could also attract tourists and generate income for the community.

Economy and Employment

The main economic activity in St. James is tourism, with Montego Bay being an international hub for visitors. The city also relies on commerce, services, and tourism-related industries, such as hospitality and gastronomy.

However, youth unemployment is a persistent issue. According to STATIN reports, there is a high rate of youth unemployment throughout the St. James region, especially in low-income areas like William Street, where many families depend on informal jobs.

Education

St. James faces challenges in terms of access to quality education, especially in more vulnerable areas. School attendance rates in the peripheral urban areas may be low, and many young people drop out early to seek informal employment. The government has been working to improve educational infrastructure in communities like William Street.

Poverty

St. James has regions that face high levels of poverty and social inequality. Although Montego Bay is affluent due to tourism, nearby communities like William Street struggle with economic difficulties, which is reflected in housing conditions and the quality of available services.

According to the Survey of Living Conditions by STATIN, St. James has a significant percentage of families living below the poverty line, which puts pressure on social support systems.

Crime

Montego Bay and adjacent areas have faced high levels of crime, especially linked to drug trafficking and gang violence. William Street is not immune to these problems, with many young people being particularly vulnerable to violence and involvement in illegal activities. The government and local NGOs have implemented community safety programs to try to mitigate these impacts.

Housing

Housing conditions in St. James vary significantly. While wealthier areas in Montego Bay have a good standard of living, communities like William Street still suffer from inadequate infrastructure and lack of access to basic services, such as proper sanitation and electricity. STATIN indicates that unplanned urban expansion is an ongoing challenge.

Montego Bay: A Symbol of Opportunities and Challenges

Montego Bay is a notable example within St. James Parish, representing both the opportunities and challenges that Jamaica faces. It is one of Jamaica's main tourist cities, famous for its beautiful beaches, luxury resorts, and a variety of recreational activities. The city is a popular destination for tourists worldwide, especially those looking to relax on tropical beaches and experience Jamaican hospitality.

Montego Bay is also an important economic center, with tourism playing a significant role in the local economy. Additionally, the city has a port that serves as a vital entry point for international trade and the transportation of goods.

Montego Bay has a rich cultural heritage, with African, European, and Indigenous influences. The city is known for its music, particularly reggae, and often hosts cultural festivals and musical events that attract both locals and tourists.

Key attractions in Montego Bay include the "Hip Strip," a vibrant area full of shops, restaurants, and nightlife. Other points of interest include the Aquasol Water Park, the Rose Hall Great House (a historic plantation), and the Montego Bay Marine Park.

Despite being a major tourist destination, Montego Bay faces challenges related to crime and poverty in some areas. However, the city continues to be a symbol of Jamaica's beauty and culture, attracting visitors and investors.

Here is the description of the community where the step by step is being implement:

History

Salt Spring, located in the parish of St. James, has a history that reflects many of the challenges faced by suburban and rural areas of Jamaica. Originally an agricultural community, Salt Spring developed over the decades into a working-class residential settlement. With the urban growth of Montego Bay, Salt Spring became a peripheral area connected to the socioeconomic dynamics of the city.

Salt Spring dealt with the legacy of slavery, the economic transition after emancipation, and the ongoing struggle for better living conditions. In recent decades, the area has been the focus of governmental and NGO initiatives aimed at improving infrastructure, reducing crime, and providing economic development opportunities.

Population

Salt Spring has a young, predominantly working-class population. The community is densely populated, which creates challenges related to housing and the provision of social services. Recent data shows that Salt Spring, like other communities in St. James, is experiencing population growth, partly due to internal migration from rural areas to zones closer to urban centers like Montego Bay.

Characteristics

Salt Spring is characterized by a mix of formal residential areas and informal settlements. Although many residents are employed in the tourism and service sectors in Montego Bay, unemployment levels are high, particularly among the youth. The local economy includes small businesses and informal commerce, reflecting a lack of substantial structural investment.

Salt Spring is also affected by violence and crime, largely due to drug trafficking and gang presence. However, the Jamaican government and other organizations have invested in community security programs and social development projects to address these issues.

Infrastructure in the area is limited, with many parts in need of improvements in roads, electricity, and sanitation. Despite these challenges, Salt Spring has a close-knit community with several churches and local organizations working to improve living conditions for residents.

Communities

Salt Spring is composed of several subdivisions and residential areas that reflect different levels of development and socioeconomic conditions. Notable among them are:

- Upper Salt Spring: One of the oldest areas, known for being the heart of the community, where churches and community centers are located.
- Lower Salt Spring: Denser and with a higher concentration of informal settlements. This is also an area where crime issues are more pronounced.
- New Salt Spring: A newer expansion area with ongoing efforts for urbanization and infrastructure improvement.

Revitalization programs and infrastructure investments are underway in Salt Spring, focusing on creating community spaces, improving education, and reducing violence, with the goal of transforming the community into a safer and more prosperous place.

Territorialization Challenge Gincana

Background

The process of territorializing drug policies in Jamaica is part of the partnership between the Government of Jamaica and COPOLAD III. This process, initiated in 2023, can be summarized in four key phases:

a) An initial phase focused on understanding existing policies.
b) A second phase of self-training on key concepts and processes essential for implementing territorialized policies (task force meetings).
c) A third phase of online training on **Community Treatment – ECO2**[1].
d) A fourth phase of practical experimentation with territorialization processes through the creation and initial implementation of pilot projects.

This document describes the fourth phase of the process, using data from the pilot projects in Jamaica as a field experience and drawing from the conceptual and

1. The Community Treatment Model - ECO2, implemented by the American Network for Intervention in Situations of Social Suffering (RAISSS), is specifically designed to intervene *from* and *with* the communities themselves in highly vulnerable areas affected by drug-related issues. It understands Community Treatment (CT) as a methodology for intervention in situations of social suffering in highly vulnerable contexts, aiming to reach places where institutional approaches often fail to do so.

methodological framework outlined in the ten modules of the **Community Treatment** training course, which has been a fundamental pillar of this initiative.

The implementation of this phase was structured as a "Territorialization Challenge Gincana", a gamified approach with weekly community engagement tasks. This format allowed participants to experience the methodology in practice, based on the ECO2 Community Treatment model. Below, we outline the steps, tasks, and expected outcomes for each phase in a structured and didactic manner, facilitating replication in other communities. The steps will be illustrated with materials produced and edited by the Jamaican team that participated in the process.

Steps of the Challenge

- **Step 1: Weaving Alliances** – Identifying the community, the initial teams, and key connections.
- **Step 2: Community Engagement** – Formation of the operational network.
- **Step 3: Community Mapping** – Identifying resources, vulnerabilities, and accessibility.
- **Step 4: Meeting with the partners** – Moving from the individual to the person-centered approach.
- **Step 5: Axes an actions.**
- **Step 6: The Community as Protagonist.**

PART 3: METHODOLOGICAL STEP-BY-STEP

Step 1: Weaving Alliances – Initial Teams and Connections

Identifying where and with whom to work

Before defining what actions to take, it is essential to determine in which community and with whom the work will be carried out. This step applies whether the process begins within a community or from an institutional context.

How to choose the Community?

- Where is there a need or demand for support?
- In which territory does the team already have a presence or connections
- Where are there possibilities to build cooperation networks?

Who makes up the Working Team?

- Members of the technical or institutional team.
- Community members with interest and commitment.
- Strategic allies, such as local organizations or community leaders.

📌 **Remember:** It does not matter whether the starting point is a community or an institution—the key is to build relationships with those who already live and work in the area.

🔑 **Key Questions:**

- Who are the main actors in the community or institution?
- What resources or capabilities do potential allies have?

The Community Treatment has more of a perspective of integration-inclusion-social insertion, starting with a bottom-up approach that is complemented by a top-down perspective. Those who use TC, starting from the community (or also when the starting point is in an institutional context), before asking what they are going to do, ask with whom, even when the starting point is in an institutional context (COPOLAD III, 2023)

Task 1: Assemble the Team and Build Connections

To strengthen community work, it is important to recognize who is part of the team and how they are connected. Let's map it together!

Steps to follow:

1. Write on cards or post-its:

   - Names of team members.
   - Political actors and key individuals involved or those to be engaged.

2. Connect the relationships of cooperation:

   - **Formal relationships** → Based on roles, functions, and tasks within the team or community.
   - **Informal relationships** → Based on friendship, trust, collaboration, shared values, or common interests.

💬 **Reflection:**
- What type of relationships predominate in the team?
- How can we strengthen the connections to improve community work?

📌 **Remember:** A well-connected team with solid relationships works better and achieves greater impact in the community. **The key is cooperation!**

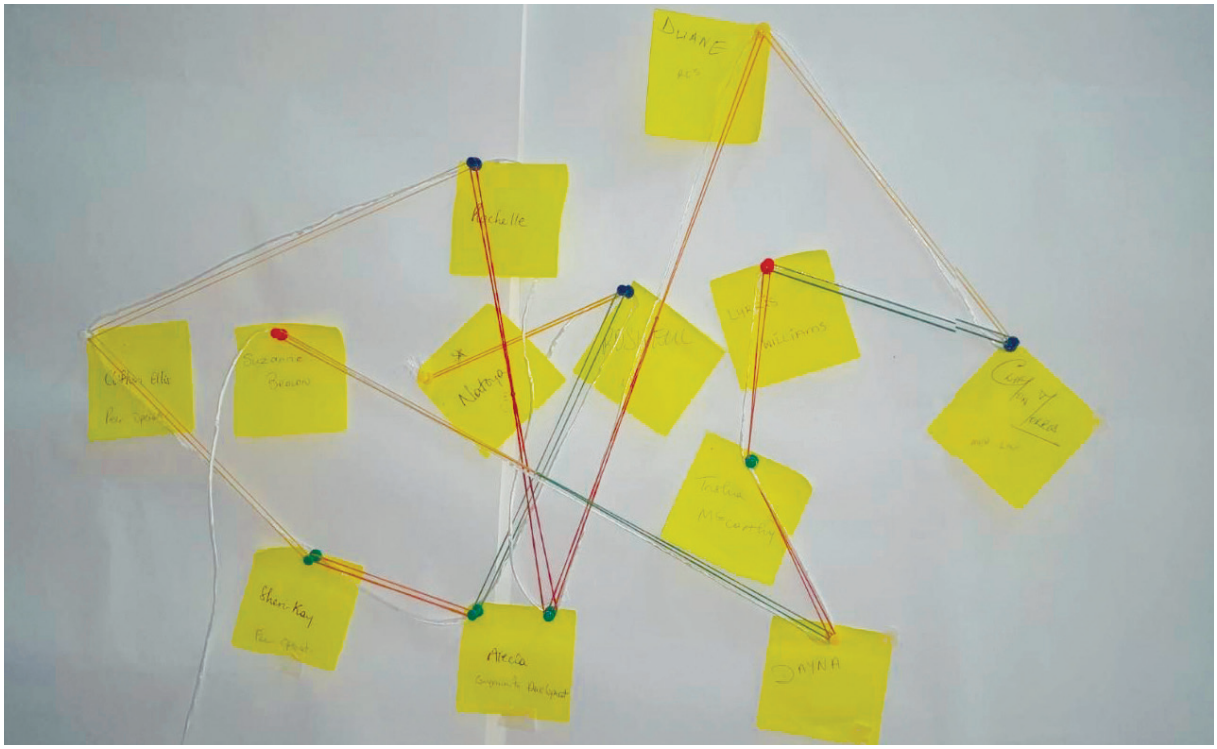


Figure 2. Assemble the Team and build connections.

3. Observe how relationships are within this network and how they can be improved or strengthened:

   - Are there enough connections?
   - Are there isolated actors who need to be linked to others?
   - Are there small groups within the larger group?
   - Are there individuals who connect small groups?

Product 1

To strengthen community work, it is essential to know who is part of the team and their profiles. This will allow us to identify strengths, needs, and collaboration opportunities.

Steps to follow:

1. Make a list of the team members and political actors involved or those to be engaged.
2. Analyze professional profiles to identify key knowledge and experiences.
3. Classify the type of support they can offer within the different pillars of **Community Treatment (CT).**

Community Actors

No.	Name	Gender	Profession/ Occupation	Areas						Type of Support			Opinion Leader	Community Member
				Pre	Ass	Edu	Med	Ocu	Div	Tech	Pol	Fin		
12.	Rochelle			✓					✓	✓			✓	✓
13.	Sherri Kaye			✓					✓				✓	✓
14.	Clifton Ellis	M	Youth Pres.	✓					✓	✓			✓	✓
15.	Richard Vernon	M	mayor of montego Bay					✓			✓	✓	✓	
16.	Richard Grant	M	Entrepreneur	✓								✓	✓	✓
17	Carl Wisdom	M	Pastor	✓				✓		✓			✓	✓
18	Canute Cousin	M	Entrepreneur VP	✓								✓	✓	✓
19.	Owen Barrett	M	Entrepreneur Sport Facilitator	✓					✓	✓		✓	✓	✓
20	Pearl Rose	F	Pastor	✓						✓			✓	✓
21	Rhaeem Smith	M	Pastor	✓						✓			✓	✓
22	Conrad Thomas.	M	Pastor	✓						✓			✓	✓

Community Actors

No.	Name	Gender	Profession/ Occupation	Areas						Type of Support			Opinion Leader	Community Member
				Pre	Ass	Edu	Med	Ocu	Div	Tech	Pol	Fin		
1.	Natoya James	F	Case Coordinator	✓	✓					✓				
2.	Trisha Mc Carthy	F	Programme Director	✓	✓	✓				✓		✓		
3.	Roshell Taylor	F	Case man. officer	✓		✓				✓				
4.	Duane Blackwood	M	Harm Red. officer		✓				✓	✓				
5.	Lyrris Williams	F	Programme Dev. officer	✓	✓	✓				✓				
6.	Dayna Johnson	F	Social Work Intern	✓	✓	✓				✓				
7.	Clifton Morris	M	Regional manager	✓			✓			✓		✓		
8.	Suzanne Brown	F	Parish. Coordinator		✓	✓				✓				
9.	Heroy Clarke	M	Member Parliament Montego Bay					✓			✓	✓	✓	
10.	Gregory Harris	M	Councillor					✓				✓	✓	
11	Alecia Spence	F	SDC Comm. Dev. officer	✓				✓	✓	✓	✓		✓	

Figure 3. for Table of Community Actors.

For downloading the table

Legend for Table of Community Actors:

Gender – M (Male); F (Female); T (Transgender); N (Not Declared).

Profession/Occupation – Technical profile (e.g., nurse, educator, police officer, sports secretary, etc.).

Pillars – Indicate one or more pillars from the Community Treatment perspective where the actor can act:

- Pre (Prevention, Organization, and Networks).
- Ass (Basic Assistance and Harm Reduction).
- Edu (Education, Rehabilitation, and Culture).
- Med (Medical and Psychological Assistance).
- Ocu (Occupation, Work, and Sustainability).
- Div (Rest, Fun, and Pleasure).

Type of Support – Mark the type of support each actor can provide:

- Tec (Technical).
- Pol (Political).
- Fin (Financial).

Opinion Leader – Mark if the person is an opinion leader in the community.
Resident – Mark if the person lives in the community.

Concept:

The connection between the actors in the team or community forms relationship networks, which we use to understand them according to social network theory. In this approach, there are some concepts that are useful to start understanding. The first is "node," a term used to indicate all the elements (e.g., people) that can make up a network.

Therefore, the actors in a network perspective are the "nodes" in those networks, agents linked by both formal and informal relationships.

Formal Relationships – These are prevalent and sometimes also determine informal relationships.

Informal Relationships – These determine the intensity (frequency) of relationships.

Purpose:

The network perspective means paying attention to the formal and informal relationships that characterize the life of a group or social entity, using conceptual tools to understand them and use them as process indicators and work tools.This helps to understand the steps to take or who to talk to in order to reach the person you need.

Indicators

Indicators related to the team	Yes	No
The team has at least 5 people.		
At least one member of the team is a peer operator, a community member.		
At least one member has knowledge in social work/ psychology/ sociology/ anthropology/ nursing.		
At least one member of the team has skills in sustainable development.		

The team from Jamaica produced a video presenting the initial team:

During the experience of this first step, the Jamaican team carried out the following assessment:

Community Engagement and Territorialization Report

Introduction

The territorialization process began with team members conducting an initial mapping of the selected community. The team sought to establish an operational network by identifying key stakeholders, ensuring that all members understood the methodologies to be used before direct engagement. Screening tools were utilized to capture baseline data and assess the needs of the community. The objective was not only to introduce the initiative but also to foster trust and establish meaningful relationships that would serve as the foundation for future interventions.

Engaging the Community

At the outset, community members exhibited some hesitation and reluctance, primarily due to concerns about external affiliations and the purpose of the initiative. Recognizing this, the team worked closely with a community liaison, whose presence played a pivotal role in easing these concerns. Through subjective network linkages, engagement levels increased significantly, highlighting the importance of trust in community mobilization.

As discussions progressed, curiosity, optimism, and hope emerged among the residents. Many were eager to learn more about the project and its potential benefits. However, there were also concerns about sustainability, with several community members questioning how the program would be maintained beyond its initial implementation.

Community landscape and resources

Observations from the engagement process revealed that the community possessed a wealth of untapped resources that could be leveraged for long-term development. Churches played a central role in community life, providing accessible spaces for hosting meetings and events. Educational institutions and health centers were also identified as critical assets, offering structural support for future initiatives.

Entrepreneurial activity was particularly noteworthy, with local carpenters, mechanics, and chefs demonstrating self-sufficiency and resilience. Their businesses not only contributed to the local economy but also had the potential to be incorporated into future skills-based programs. Additionally, ongoing infrastructure improvements, such as road repairs, indicated a broader commitment to community development.

Key Learnings from the engagement process

Through the process of network-building and community dialogue, several key insights emerged:

1. The Importance of Subjective Networks:

- Establishing personal and informal relationships was crucial in breaking initial barriers and fostering trust.
- The involvement of a community liaison significantly influenced the level of participation and openness.

2. Community Optimism and Engagement:

- Once trust was established, there was high enthusiasm and curiosity among residents.
- Community members were eager for opportunities but also mindful of the longevity of interventions.

3. Existing Institutional and Economic Strengths:

- Religious institutions, schools, and health centers were willing to offer support through their facilities and resources.
- Entrepreneurs and skilled tradespeople represented an opportunity for work-force development and economic resilience.

Project deliverables and outputs

Following the engagement activities, several outputs were developed to document the process and insights gathered:

1. A Two-Minute Video Introduction

- This video featured an overview of the community, and the team.

2. Community Network and Actor Mapping

- A detailed map of stakeholders, their roles, and their relationships within the community was created.

3. Formal and Informal Relationship Analysis

- The team examined both structured and trust-based relationships to assess collaboration potential.

4. Comprehensive Report on Observations

   - This included documentation of community needs, existing resources, and recommendations for sustainable engagement.

5. Completed Tables for Key Stakeholders

   - A detailed list of team members, political actors, and community members was compiled, including their areas of contribution and potential roles in the initiative.

6. Reflection Video on Territorialization

   - The team recorded a discussion on the importance of early-stage relationship-building and community-driven development.

Challenges and next steps

Despite the successes of the engagement process, sustainability remains a key concern. Community members expressed interest in long-term support mechanisms to ensure that the intervention does not fade over time. Moving forward, the following steps are recommended:

1. Deepening Network Engagement:

   - Strengthen relationships within the operational and subjective networks to maintain trust and participation.

2. Developing a Sustainability Framework:

   - Collaborate with local institutions and businesses to create a model for ongoing support.
   - Engage political partners to secure policy-level backing for long-term impact.

3. Leveraging Community Resources:

   - Formalize partnerships with churches, schools, and entrepreneurs to enhance program delivery.

4. Implementing a Monitoring and Evaluation Plan:

   - Establish a system for regular assessments and feedback to track progress and make necessary adjustments.

Conclusion

This initial phase of community engagement and territorialization successfully laid the groundwork for a sustained partnership between the team and the community. By prioritizing relationship-building, trust, and the use of local resources, the project has created a strong foundation for future interventions. However, ensuring long-term sustainability will require ongoing collaboration, institutional support, and continuous engagement with the community.

The next phase should focus on formalizing partnerships, addressing sustainability concerns, and leveraging the strengths of the community to develop a self-sustaining model for growth and development.

Step 2: Community Engagement – Building the Operational Network

Making the network visible – Building with the community

A work team is only complete when it includes people from the community where it seeks to act. It is not enough for a policy to be present in the territory; it must be part of it, adapting to the needs and perspectives of those who live there.

This process is called **territorialization**, meaning that the policy is not imposed from the outside but is co-designed with the community, considering its culture, resources, and dynamics.

Community-Based Treatment is not just about executing actions but about thinking and building together from the start. The community should not be incorporated later but should participate in designing the process.

When the community takes an active role and the work is territorialized, the solutions become more effective and truly transformative.

🔑 **Key Questions:**

- How can we build a network of people who will be active agents of Community-Based Treatment (an Operational Network)?
- How can we establish meaningful contact with people in the territory (building an operational network)?

First, Dialogue:
If you are in the middle of a park, on the streets, or at a community corner, a sensible approach is to talk with local people before deciding on any action. Invite them to participate in a collective assessment.

➜

Collective Assessment:
The assessment should be a joint process to ensure that it accurately reflects the reality of the community and fosters the commitment of its members to the project.

➜

Recognize the importance of common sense:
Acting individually has clear limitations. Common sense tells us that involving others from the very beginning multiplies the chances of success and deepens the impact of the work.

Task 2: Building the Community Network – Mapping Actors and Relationships

Materials: Colored cards or sticky notes, pens, or markers.

1. Write on one color of cards the names of people the team considers valuable resources for community activities, regardless of their personal situation (for example, whether they use substances or face other vulnerabilities).
2. On another color of cards, write informal relationships that connect these people, such as: friendship, sharing the same territory or interests, using the same transportation, common social media groups, shared recreational or community spaces.
3. On a third color, write formal relationships, such as: family ties, shared work, commercial links, connections with local authorities.
4. Connect the cards, visualizing how people and their relationships are interwoven within the community.

💬 **Reflection:** By looking at this map, we can identify existing support networks and strategic points to strengthen community cooperation.

🔑 **Reminder:** No one is isolated – we are all part of a network!

5. Observe how relationships in the network are structured and consider ways to strengthen them:

   - Are there enough connections?
   - Are there isolated actors who need to be connected?
   - Are there small groups within the larger network?
   - Are there key individuals who link different groups together?

Figure 4. Mapping Actors And Relationships

Product 2: Identifying Community Actors and Analyzing Profiles

Now that we have a list of team members and political actors, it is time to expand it by including community actors who are already involved or with whom we want to strengthen connections.

Who are the community actors?

- Local leaders and active residents
- Representatives of community groups
- People with knowledge or skills that can contribute
- Business owners, educators, health workers, and other local influencers

How to analyze profiles?

1. Assess their knowledge and experience to identify what they can contribute.
2. Identify needs or gaps: Are there missing skills or resources in certain areas?
3. Strengthen connections between different actors to improve community work.

N°	Name	Gender	Profession/ Occupation	Key Areas						Type of Support			Opinion Leader	Resident
				Pre	Ass	Edu	Med	Ocu	Div	Tec	Pol	Fin		
1														
2														
3														
4														
5														
6														
7														

Concepts:

Community Subjective Network – A group of people who maintain direct, friendly, and personal relationships, along with an understanding of the connections between them (friendship, cooperation).

Operational Network – A group of people willing to collaborate directly in community actions, representing an installed capacity to implement projects.

Both networks emerge from constant community interaction, highlighting that human resources (people) and their relationships are essential. Identifying these resources must be intentional, inclusive, and consider gender and human rights perspectives, avoiding stigmatization.

Purpose of Each Network:

Community Subjective Network:

Establishes a foundation of trust and initial collaboration, connecting people and building a relational fabric.

Strengthens social cohesion and shared identity.

Operational Network:

Enables coordination of concrete actions to implement community projects, ensuring initiatives are sustainable and adapted to the territory.

Provides an action-oriented structure, where members of the operational network may later integrate into the team.

Both networks are essential for understanding the context, mobilizing resources, and ensuring policies are effectively territorialized.

Indicators:

Indicators Related to the Team	Yes	No
The team has a network in the territory with a minimum reach of 30 people [the team knows at least 30 people from the territory and understands the working relationships between them		
An operational network exists, composed of people from the territory or community [Operational Network: local people connected with the team, who cooperate in implementing activities		

Step 3: Community Mapping – Resources, Vulnerabilities, and Access

Mapping and Territory – Building Together

Community mapping is not just about bringing a project to the community; it is about making the team a part of it. If the community does not recognize the team as its own, the intervention may be perceived as external and ultimately rejected.

For mapping to be effective, the first step is to identify the resources already present in the community:

- People and support networks.
- Available spaces and materials.
- Economic and cultural activities.
- Political and urban resources.

Rather than focusing on what is missing, mapping highlights the community's strengths and values, allowing solutions to be built on what already exists. This process is inspired by past experiences and must always be participatory —that is, done with and for the community.

By recognizing what the community has, rather than just seeing what it lacks, we can build more effective and sustainable solutions together.

The mapping process discussed in this module is developed in three phases or stages, each with a central theme: in the first phase, values are mapped; in the second, vulnerabilities; and in the third, access (COPOLAD III, 2023). The reason we first identify values and resources before addressing vulnerabilities and risks lies in the impact of social representations on relationships. According to Moscovici and other researchers, even before meeting someone, we already form a judgment based on past experiences or associations with similar situations.

If we begin by exploring only problems or risks, we may create a negative perception that affects our relationship with the community from the outset. On the other hand, by focusing first on values and resources, we promote an approach based on recognizing strengths, facilitating team acceptance and building trust-based relationships.

This sequential approach allows the community to integrate us before we address challenges, ensuring that interventions are more participatory, collaborative, and effective.

🔑 **Key Questions:**

- What human, material, and symbolic resources exist in the community? How are they distributed within the territory? Who has access to them, and who does not?
- What are the main vulnerabilities in the community? Which groups face the greatest challenges in overcoming negative events? What factors limit their ability to access available resources?
- Are there barriers (economic, geographical, cultural, social) that make it difficult to access resources? What pathways or strategies could facilitate connections between resources and vulnerable individuals? How can equity in access be improved?

Task 3: Bring the existing team and the community together to:

Understand the community better and find effective solutions by identifying resources, vulnerabilities, and pathways to improve access.

Steps to Follow

1. Identify Community resources

Use colored cards or post-it notes to write down existing physical or symbolic resources, such as:

- ✓ Health centers.
- ✓ Schools and educational spaces.
- ✓ Community leaders.
- ✓ Shared feelings and collective identity.
- ✓ Recreational and cultural spaces.

2. Identify Community vulnerabilities

Use a different color of cards or post-it notes to list major vulnerabilities, such as:

- ✗ Limited access to healthcare.
- ✗ Drug use areas.
- ✗ Unemployment or informal work.
- ✗ Violence or insecurity.
- ✗ Discrimination or social exclusion.
- ✗ Limited educational or cultural opportunities.

3. Connect resources and vulnerabilities

Draw connections between the notes to visualize the most effective and efficient pathways to overcome vulnerabilities using available resources.

4. Analyze relationships between resources and vulnerabilities

Reflect on these key questions:

- Does each identified vulnerability have a corresponding resource in the community that could help address it?
- What are the main obstacles to accessing these resources?
- Can the community contribute to solving these obstacles?
- Are some barriers external factors beyond local control?

5. Identify needed resources

Use a third color of cards or post-it notes to write down missing resources that are key to strengthening the community.

Conclusion

This exercise helps us understand how to leverage what already exists, what obstacles need to be overcome, and which resources should be developed. Together, we can build a stronger and more connected community!

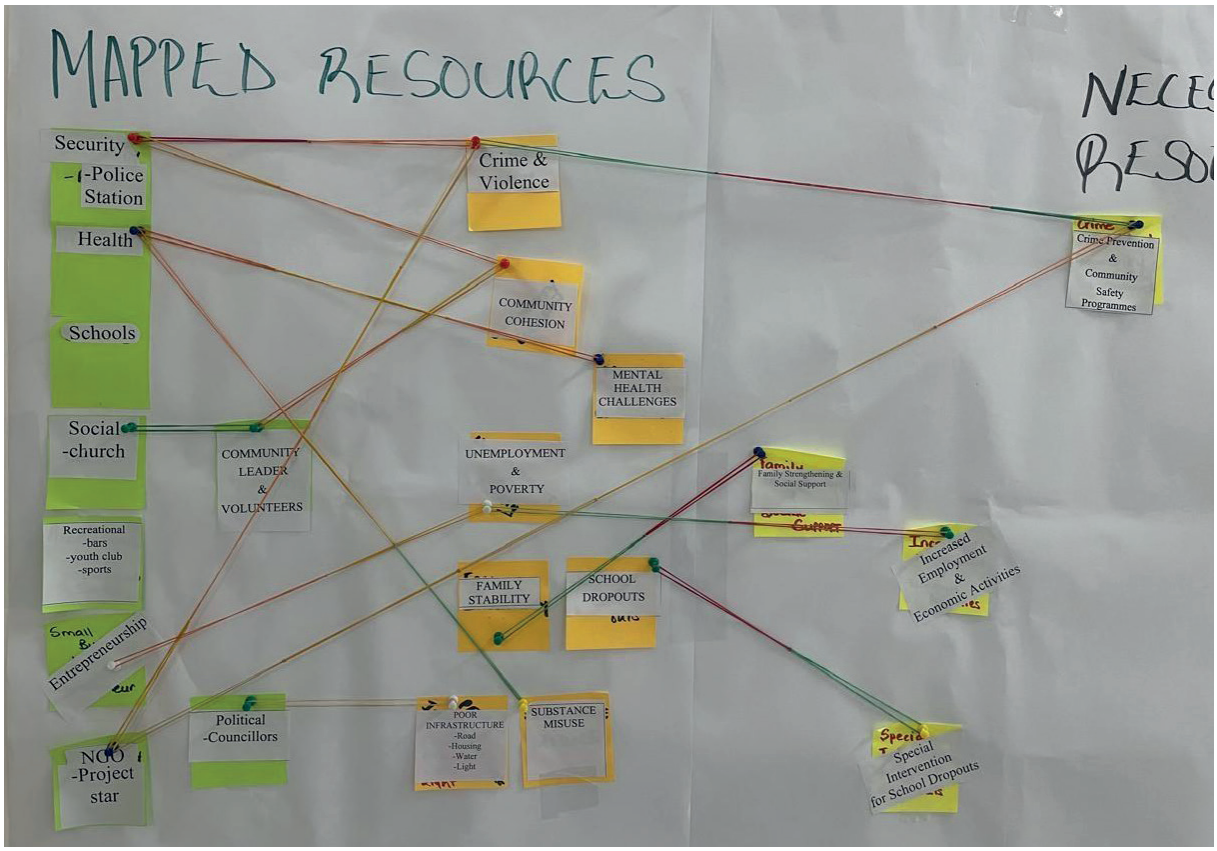


Figure 5. Mapping Community Resources and vulnerabilities.

How to Identify Resources?

To better understand the community and **value what is already there**, we can observe resources from different perspectives. Below are some ways to identify them:

Community Resources

- **Aesthetic:** Places with pleasant sounds, colors, scents, and landscapes.
- **Economic:** Spaces that support economic activities and provide livelihoods.
- **Recreational:** Places where the community can gather, enjoy leisure activities, and spend time safely.
- **Vitality:** Community actions that keep the area clean, safe, and healthy.
- **Diversity:** Spaces and relationships that protect cultural, gender, and lifestyle diversity.
- **Spirituality:** People, places, or events with spiritual or sacred significance.
- **Intrinsic Value:** People, experiences, or places that contribute to the community simply by existing.
- **History:** Locations or stories that connect people with their past.
- **Future:** Opportunities and spaces that inspire future generations.
- **Subsistence:** Solidarity and participation practices that ensure resilience and well-being.
- **Therapeutic:** Spaces or activities that provide tranquillity, relieve stress, and promote peace.
- **Culture:** Knowledge, traditions, and stories that strengthen community identity.
- **Social:** Spaces or events that facilitate interaction and strengthen bonds.
- **Knowledge:** Places and processes that promote learning and access to information.
- **Health:** Services, people, and actions that support physical and mental well-being.
- **Sense of Place:** Unique elements that make the community special and meaningful.
- **Potential:** Resources with high potential for sustainable development.

Reflection: What resources do you recognize in your community? How can they be used to strengthen the territory and improve quality of life?

Product 3

Community Map

To better understand our territory and plan more effective actions, we will create a community map that reflects both its resources and vulnerabilities.

Steps to Follow

1. Print or draw a large map of the community, including streets, parks, and key landmarks. Use Google Maps if needed.

2. Reflect on community spaces and mark on the map:

   - Places people enjoy spending time in and why.
   - Areas that feel unsafe or uncomfortable and their reasons.
   - Spots where people wish they could spend more time but currently cannot.
   - Beautiful vs. unattractive places, safe vs. dangerous zones.

3. Add identified resources and vulnerabilities from previous exercises:

- Mark community resources (recreational areas, healthcare centers, support networks, employment hubs, etc.).
- Indicate community vulnerabilities (lack of services, insecurity, pollution, social exclusion, etc.).

Reflection:

- Are there enough safe and welcoming spaces in the community?
- Which resources can help reduce identified vulnerabilities?
- How can access to resources be improved for all residents?

📌 **This map will be a key tool in planning actions that strengthen the community and improve local quality of life. Let's build it together!**

📍 **Link to the map:** Google Maps Link

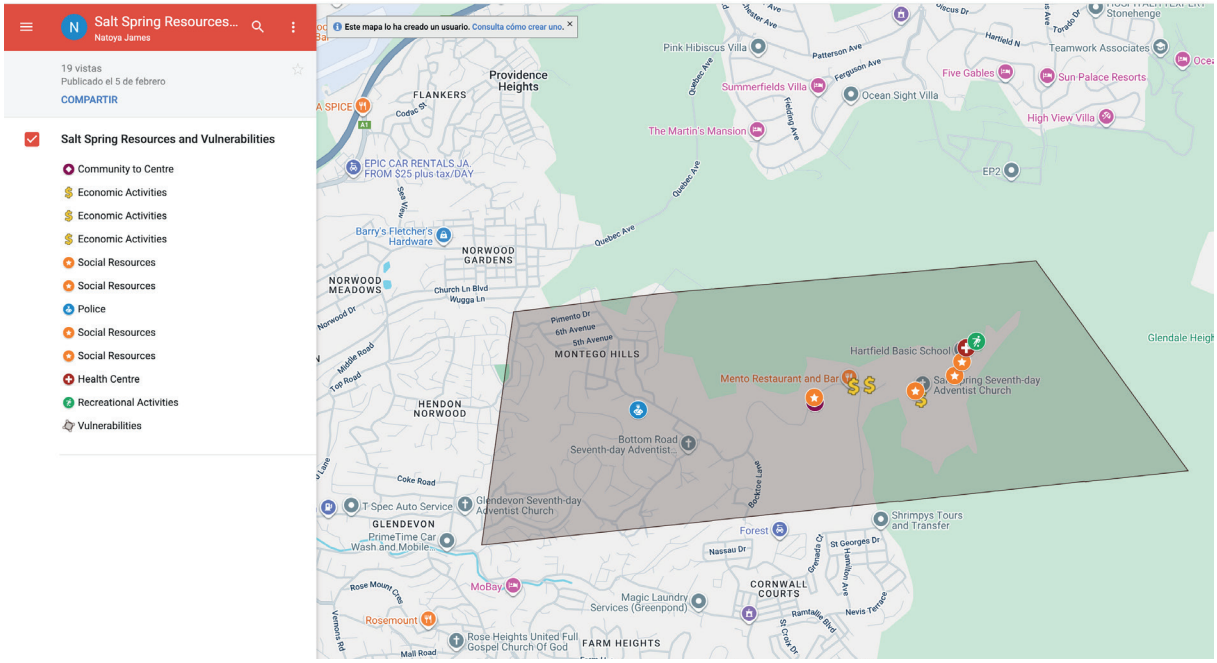


Figure 6. Community Map.

Concepts:

Resources: Elements that **strengthen individuals, networks, or communities**. They can be **tangible** (health, housing, employment, food, services) or **symbolic** (education, dignity, respect, culture, social connections, security).

Vulnerability: Occurs when a person or community **lacks the necessary resources** to overcome difficult situations. The absence of real or symbolic resources increases **risk exposure**.

Access: The ability to **connect vulnerabilities with resources**. A community map helps facilitate this connection, ensuring that **available resources** reach those who need them efficiently.

Why is this Important?

- **Resources:** Strengthen people and communities, improving autonomy, quality of life, and fundamental rights.
- **Vulnerability:** Acts as an indicator of risk and exclusion. Identifying it helps determine who needs support and what interventions will be most effective.
- **Access:** Ensures that resources reach those in need, reducing inequalities and promoting social inclusion.

Indicators:

Indicators related to the community or territory	Yes	No
The work focuses on a community in a condition of high vulnerability related to drugs.		
Members of the community participate in the definition of the policy.		
Members of the community participate in the implementation of the policy.		
The community or territory is clearly defined from a geographical or virtual perspective. [It can be a geographically well-defined neighborhood or a group that is part of a social network with a defined identity.]		
The community or territory is clearly defined in its communication structure. [For example, if it is a virtual community or if communications happen face-to-face or through mixed modalities.]		

Step 4: Individual and Person – Understanding the Difference

Individual and Person

- **Individual**: A human being isolated, without considering their relational context.
- **Person:** An individual within a network of significant social relationships (the individual, their friends, and the relationships among all of them). In Community Treatment (TC), the person is the subject of intervention, as they are always linked to a network that influences their well-being and development.

What is a Partner in Community Treatment?

The concept of *partner* arises from the experience in the territory and reminds us that we are all part of a support network. When someone needs help, they typically first seek out a trusted person, such as a friend, a neighbor, or someone close, before turning to an institution. Social networks (friendships, neighborhood, and community leaders) are essential for integration and access to resources. Moreover, everyone, regardless of their condition, knows and respects certain rules of coexistence that allow the community to function. However, in high-vulnerability contexts, some populations, such as women and LGBTIQ+ individuals, face higher risks of violence and exclusion. Therefore, it is key to strengthen informal networks that offer shelter, safety, and opportunities for change.

Interdependence in Community Help

It is often believed that only vulnerable people have needs, and professionals are the ones who provide help. This creates a perception of dependency, when in reality, what exists is **interdependence**: both those receiving and offering support need each other for the help to be effective.

For social action to work, it cannot be imposed. It is crucial that the need for help arises from the person or their environment (family, friends, community). In **Community Treatment**, we work with those who express this need, understanding that help is always a process of **mutual collaboration**.

Building community is about working together, respecting the autonomy of each person and strengthening support networks so that no one is left behind.

Why the Network as a Subject of TC?

Sometimes, one may not want to recognize that they have resources or need help, but one of their friends, family members, or acquaintances recognizes this and is available to help them acknowledge it. TC works with this person so they can work with the *partner*. In this case, it uses the power of reciprocal influence in friendships. In community work, there are actors for whom the issue of networks is essential because the weight of isolation, exclusion, and stigma is stronger: women, street populations, LGBTQIA+ populations (COPOLAD III, 2023).

🔑 **Key Questions:**

- Do you feel in a position to identify the nodes of the community's subjective network?
- How can we identify and strengthen subjective and operational networks in the community?

Task 4: Identifying Partners and the Connections Between Them

To strengthen community work, it is essential to identify who is part of the operational network and how they are connected.

Steps to Follow:

1. Gather the team and actors from the operational network.
2. Identify the *partners* with whom you will work: Use cards or post-its of one color to write the names of the selected *partners*.
3. Identify the people who are part of the network of each *partner*: Use cards or post-its of another color to write the names of these people.
4. Visualize the connections: Draw lines to connect each *partner* with their network and also between different *partners*.

💬 **Reflection:**

- Do the partners have strong and diversified networks?
- Are there key people who can help strengthen the work?
- Are there partners who can serve as bridges between different networks?

📌 **A well-connected team achieves a greater impact in the community. Let's strengthen our work network together.**

Figure 07. Gincana – Task 4 – Operational network.

Access the video produced by the Jamaica team

Product 4

To strengthen community work, it is important **to identify who the** partners are that are being followed up in the community and analyze their relationships to define more effective treatment strategies.

Steps to Follow

1. Make a list of the *partners* (parceros) who are part of the community follow-up.
2. Analyze the relationships between them considering:

    - Are they connected with each other, or are there isolated *parceros*?
    - Are there *parceros* who act as bridges between different groups?
    - Which connections are the strongest and which ones need strengthening?

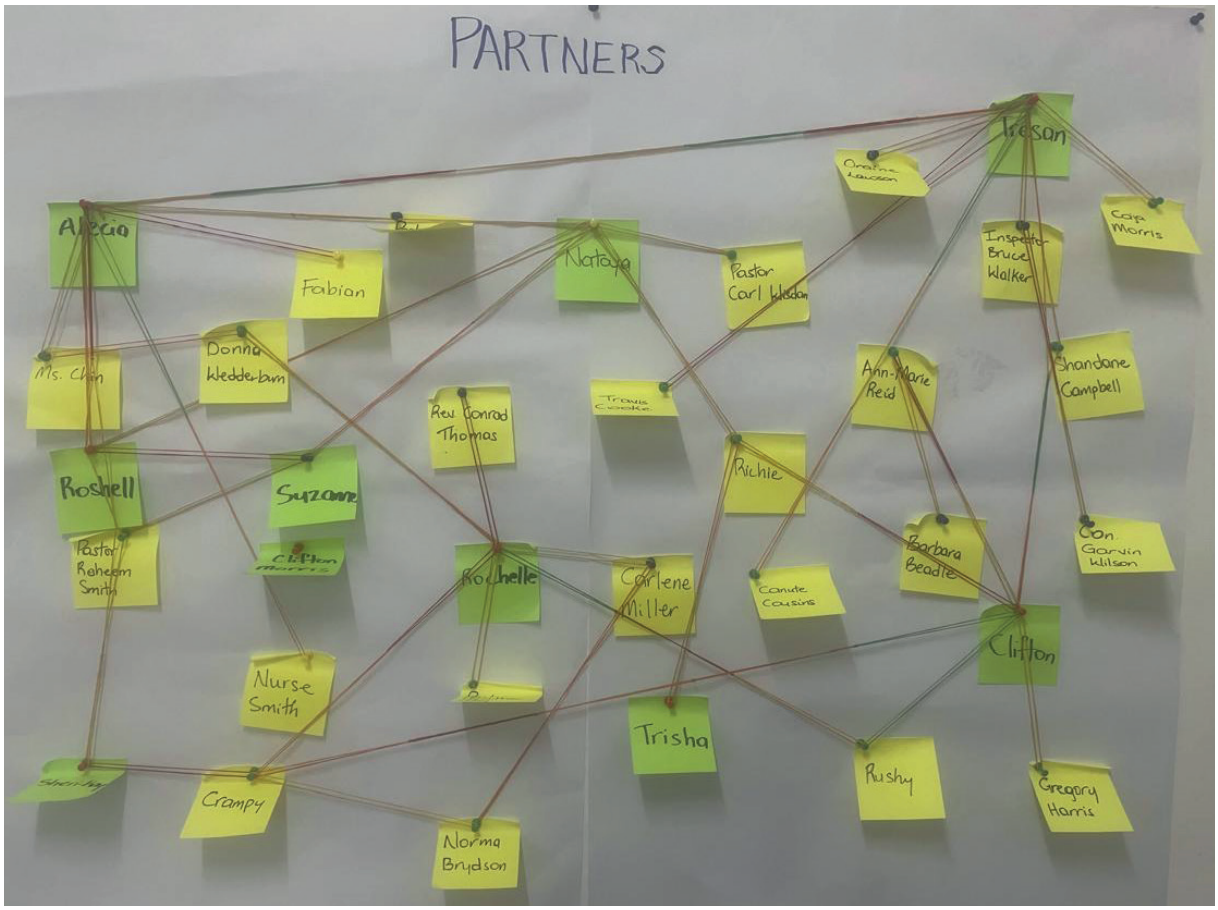


Figure 08. Product 4 – Partners

Reflection on treatment strategies:

- How can existing relationships be leveraged for support?
- What actions can help strengthen the support networks?
- What type of community interventions can improve the integration of the *partners*?

A good analysis of relationships allows the creation of more effective and personalized treatment strategies. Let's keep strengthening our community!

N°	Name	Gender	Age	Social role	Relationship	RS	RP	RLO	EQ	RO	RRC
1											
2											
3											
4											

For downloading the table

Gender: M (Male), F (Female), T (Transgender), N (Not Declared)

Relationship: List the numbers of other *partners*/actors with whom this person maintains relationships of trust.

RS: Subjective Network

RP: Primary Network

RLO: Network of Opinion Leaders

EQ: Team

RO: Operational Network

RRC: Community Resources Network

1_#	2_Nome	4_Data	5_Edad	6_Sexo	7_Papel/Funlión Social	8_Relaciám	Comd	10-RS	11_RP	12_RLO	13_EQ	14_RSC	15_RO	16_RRC	17_RLO
23	Bato	22-feb	23	M	Jefe de las calaveras	amigo 56,57,58,59,60,61,62	1	1				1			1
56	Matías	30-mar	17	M	miembro de las calaveras	amigo de 23, 57,58,59,60,61,62	1	1							
57	Zumo	30-mar	17	M	miembro de las calaveras	amigo de 23, 56, 58, 59, 60, 61,62	1	1							
58	Sergy	30-mar	19	M	miembro de las calaveras	amigo de 23, 56, 57, 59, 60, 61,62	1	1							
59	Rebeca	30-mar	18	F	miembro de las calaveras	amigo de 23, 56, 57, 58, 60, 61,62	1	1							
60	Mirti	30-mar	16	F	miembro de las calaveras	amigo de 23, 56, 57, 58, 59, 61, 62	1	1							
61	Ninky	30-mar	15	M	miembro de las calaveras, brazo derecho de Bato	amigo de 23, 56, 57, 58,59, 60, 62	1	1							
62	Jaimito	30-mar	19	M	miembro de las calaveras	amigo de 23, 56, 57, 58,59, 60, 61	1	1							
64	Sara B	30-mar	12	F	Hermana de Bato el jefe de ls	hermana de 23	1		1			1			
65	Teresa	30-mar	19	F	miembro de las calaveras	amiga de 23,56,57,58,59,60, 61,62,66,67,68,6,70	1	1							
66	Camila,	30-mar	27	F	miembro de las calaveras	amiga de 23,56,57,58,59,60, 61,62,65,67,68,69,70	1	1							
67	Pili	30-mar	15	F	miembro de las calaveras	amiga de 23,56,57,58,59,60,61, 62, 65, 66,68,69,70	1	1							
68	Mao	30-mar	21	M	miembro de las calaveras	amiga de 23,56,57,58,59,60,61, 62,65,66,67,69,70	1	1							
69	Chato	30-mar	26	M	miembro de las calaveras	amiga de 23,56,57,58,59,60,61, 62,65,66,67,68,70	1	1							
70	Gabriel (Boy)	30-mar	17	M	miembro de las calaveras	amiga de 23,56,57,58,59,60,61, 62,65,66,67,68,69	1	1							
							15	14	1	0	0	2	0	0	1
							100%	93%	7%	0%	0%	13%	0%	0%	7%

Concepts:

Subjective Network: A group of people with whom an individual has direct, friendly, and trusting relationships. It is the support base in situations of vulnerability and crucial for the implementation of TC. It includes friends, family, and close people who influence the individual's life.

Primary Network: Includes the subjective network and other people with whom we have friendly (non-conflictual) relationships and who represent a resource or support in the community.

Opinion Leaders Network: People whose voice is relevant, as their knowledge or experience influences the decisions and perceptions of others.

Purpose:

Subjective Network: Serves as a safe base for people in vulnerable situations, facilitating emotional, social, and material support, allowing for more effective interventions in the territory. Without this network, a person is left without ties and at the maximum level of vulnerability.

Primary Network: Facilitates access to general help for daily life, offering resources and opportunities (solidarity, cooperation, basic assistance, educational resources, health resources, pleasure, occupation).

Opinion Leaders Network: Influences decision-making and perception of reality, facilitating the dissemination of information and social mobilization.

Indicators

Indicators related to the device (i.e., the context in which the action, experience, or policy is developed)	Yes	No
The practice, initiative, or policy includes work with the community (networks of leaders, formal and informal resources, etc.)		
The practice, initiative, or policy involves working with community members and their informal networks.		

Step 5: Axes and Actions

Relationships and Empty Spaces Communities are always full of life and relationships. Even when a space seems "empty," in reality there are already people connected in some way. If those connections break, someone will eventually occupy that space and create a new organization.

That's why, whenever we take any action in the community, there will always be a reaction. No matter how good the intention is, changes affect those already present and their ways of living and organizing themselves. Often, even a simple activity can trigger conflicts.

Before acting, it is essential to **talk with the people**, understand what already exists, and together find the best way to do things. The more relationships we have within the community, the stronger we become. Having different connections opens doors, creates opportunities, and provides protection for everyone. **The secret is to work together!**

1. Prevention-Organization	
Objective:	Build and strengthen community networks to implement prevention strategies (universal, selective, and indicated) and organize the community's resources.
Approach:	**Linking with informal networks:** Establish relationships with key community actors to encourage and organize everyday life. **Building community mechanisms:** **Interconnection with Institutional Resources (IR):** Integrate institutional resources with community networks. **RSC (Community Subjective Networks)** Friendly relationships among community members. **RO (Operational Networks)** Nodes within the RSC that collaborate on concrete actions. **RRC (Community Resource Networks)** Formal and informal resources available in the community. **RLO (Opinion Leaders' Networks)** Formal and informal leaders who influence public opinion. **MA (Active Minorities)** Groups with high cohesion and commitment to community improvement.
Outcomes:	**Tactical:** Achieve traditional prevention objectives (reducing risks and harm). **Strategic:** Build and strengthen the community mechanism (networks) to sustain Community Treatment (CT).

2. Basic Assistance and Harm Reduction	
Objective:	Restore rights and reduce the negative consequences of drug use and social exclusion.
Approach:	Services such as providing safe-use materials, supervised consumption rooms, substitute treatments, restorative justice, and social actions to mitigate suffering (poverty, homelessness, lack of food, hygiene, education, health, etc.). Inclusion of vulnerable groups (women, LGBTQIA+, people with disabilities, migrants).
Outcomes:	**Tactical:** Reduction of negative impacts in areas such as legality, drugs, housing, hygiene, personal security, work, intergenerational relationships, education, food, family, psychological condition, and alcohol consumption. **Strategic:** Greater community participation, strengthening of citizenship, and continuity in the relationships within networks.

3. Education and Rehabilitation	
Objective:	Foster a critical awareness of rights and duties and improve the skills of individuals and communities in situations of exclusion.
Approach:	Formal and informal education (literacy, digital education, workshops, courses). Cultural and artistic activities (cinema, theater, music) with therapeutic and transformative potential. Topics such as human rights, gender, conflict mediation, and sustainability.
Outcomes:	Promote autonomy and sustainability.

4. Medical and Psychological Assistance	
Objective:	Address the physical and mental consequences of drug use and exclusion.
Approach:	Medical and psychotherapeutic practices in formal and informal settings (streets, homes, low-threshold centers). Recognize the value of informal community networks in providing psychological support.
Outcomes:	Improvement in community participation and strengthening of networks (CSR, OR, RLO, RRC, MA). Enhanced continuity in the relationship with individuals connected to the networks.

5. Employment and Work	
Objective:	Promote autonomy and dignity through legitimate work and occupation.
Approach:	Job training, internships, insertion into productive activities, and the development of microenterprises. Educational, psychological, and relational support during the labor insertion process
Outcomes:	**Tactical Outcomes:** Labor insertion for people in vulnerable situations through training, internships, and the development of microenterprises. Improvement in the economic conditions and autonomy of individuals and their families. **Strategic Outcomes:** Strengthening of the Community Resource Network (CRN) and its connection to the labor market. Promotion of sustainable community development by generating work opportunities within the community.

6. Rest, Fun, and Pleasure	
Objective:	Foster well-being and social cohesion through activities that celebrate life and the pleasure of being together.
Approach:	Strategies to resolve conflicts and strengthen community ties. Community activities such as parties, celebrations, sports, and artistic expressions.
Outcomes:	**Tactical Outcomes:** Implementation of community activities that promote well-being and social cohesion. Reduction of internal conflicts within the community and strengthening of social bonds. Experiences of pleasure and enjoyment that improve quality of life. **Strategic Outcomes:** Integration of pleasure and fun as transversal elements across all axes of CT. Strengthening of community identity and the sense of belonging.

🔑 **Key Questions:**

- How can we ensure that community actions are sustainable and participatory?
- What strategies allow for complementarity between bottom-up and top-down processes?
- How can we prevent assistance from turning into mere charity?

Task 5: Define Strategic Axes and Priority Actions

To better understand the work being carried out in the community, it is important to describe the activities performed, identify their objectives, and analyze their impact. We will organize the activities according to their frequency to better plan and improve our community work.

Steps to Follow:

1. Gather the work team: Bring together the entire team and key actors to discuss and organize the activities performed in the community.

2. **Prepare materials:**

- Cards or colored post-its.
- A whiteboard or large flip chart.
- Markers.

3. **Classify activities by frequency:**

Use colored cards or post-its to write down the activities according to their frequency.

4. **Answer the following questions:**

- What impact do these activities have on the community?
- Is there a need to strengthen an existing activity or create new ones?
- What challenges are presented when carrying them out?
- Is there any activity that should be performed more frequently?
- Which activities need more support or resources?

Figure 09. Gincana – Week 4: Conceptualizing the Activity.

Reflection:
This task will help organize and visualize community work, allowing us to identify strengths and improvement opportunities. **Let's get to work!**

Product 5:

The table is designed to organize the activities carried out in the community, align them with the intervention axes, and map the partners involved in each.

Activity	Axes								Partners	
	Pre	Ass	Edu	Med	Ocu	Div	Frequency	Institutions (if there are)	Formal	Non Formal

Activity: The name of the activity being implemented in the community (e.g., Prevention workshop in schools, Health campaign, Recreation space, etc.).

Axes: Mark with an "X" the axis/axes to which the activity belongs.

Pre (Prevention): Awareness and prevention activities (e.g., informational talks, school workshops).

Ass (Basic Assistance and Harm Reduction): Actions to ensure immediate well-being (e.g., listening centers, distribution of hygiene materials).

Edu (Education, Rehabilitation, and Culture): Educational, cultural, and social reintegration programs.

Med (Medical and Psychological Assistance): Actions related to physical and mental health (e.g., medical care, psychological support, support groups).

Ocu (Employment and Work): Activities that promote employment or income generation (e.g., job training, job fairs).

Div (Rest, Fun, and Pleasure): Recreational and cultural activities for the community (e.g., sports, arts, music).

Frequency: Daily, weekly, monthly, occasional.

Institution (if applicable): The name of the institution participating in the activity (e.g., Municipality, NGO, Health Center, School).

Partners – Formal: People or groups with official roles in the community that support the activity (e.g., teachers, health workers, community leaders).

Partners – Informal: Community members who collaborate without an official role but are key to the activity (e.g., neighbors, youth leaders, informal groups).

For downloading the table

Concepts

Installed Capacity: It is essential that professional and governmental services recognize and value community resources, as they represent an installed capacity within the community that can enhance the impact of interventions.

Inclusion: Inclusion aims to ensure that all people, especially the vulnerable, have access to their rights and basic services, promoting respect for diversity. It implies removing barriers that cause exclusion and guaranteeing access for everyone.

Insertion: Insertion allows people to actively participate in society with the tools for autonomy. It not only facilitates access to rights but also fosters self-sufficiency in work, education, and social life. Thus, it avoids dependency and strengthens the sense of belonging and dignity.

Integration: Integration occurs when the community and the individual mutually recognize and participate with each other. It is not just about accessing rights but transforming society so that everyone is valued. It involves creating equitable spaces where differences are respected and leveraged for collective development.

Purpose

Installed Capacity: When community networks are integrated into territorial work, the social fabric is reinforced, and sustainable solutions are built from the community for the community.

Inclusion: Ensures access and breaks invisibility.

Insertion: Provides tools for active participation and autonomy.

Integration: Transforms society so that all individuals are part of it on equal terms.

Territorialization Indicators:

Indicators Related to Activities	Yes	No
Are at least 30% of activities implemented outside the team's work device? *(A work device can be an office or center where the team conducts its activities.)*		
Prevention/organization of the community (from a social integration perspective).		
Basic assistance/harm reduction.		
Education/rehabilitation.		
Medical or psychological care (from a public health perspective).		
Employment and work (activities focused on productivity and economic autonomy within a framework of sustainable development).		
Recreation, play, and arts related to fun and leisure.		
Identification, assessment, and inclusion of community resources (human, material, citizen relational, organizational—SCV—or multi-actor perspective, etc.).		
Mediation and conflict resolution (citizen security).		
Inclusion of past practices, their results, and the existing installed capacity (recognizing practices, experiences, and actors that should be validated given their positive effects and existing capacity within the community).		
Representation of the community by its actors (social representations of vulnerability, cultures, stereotypes, etc.).		
Opportunity and Complementarity (synergies and complementarities with other cooperation initiatives, in line with the frameworks of EEMM policies).		

Indicator	Description	Value
Community Participation Rate	Measures the number of participants in scheduled activities, such as coordination meetings, awareness campaigns, and community events. An increase in participation indicates a higher level of community engagement.	
Access and Utilization of Services	Evaluates the number of people accessing the Listening and Reception Center, as well as the number of referrals to specialized care and treatment services. This indicator reflects the program's effectiveness in connecting the community with necessary resources.	
Execution of Activities	Monitors the number and types of activities carried out, such as cleaning campaigns, social skills workshops, and recreational events. The diversity and quantity of activities reflect the program's dynamism.	
Community Perception	Uses surveys or interviews to measure community members' perceptions regarding improvements in their environment and a reduction in drug use. This indicator provides qualitative information on the program's daily impact on residents.	

Here are the activities developed by Jamaica in each axe of Community Treatment:

Figure 10, 11 e 12. Product 5 – Activity and axis – Conceptualizing the activity.

Figure 13. Artifacts: Enamel pots, kerosene lamps, Self-heating iron, floor brush made from coconut.

Figures 14 and 15. Crafts: Art and craft designed by seniors.

Figure 16. Food: Sweet potato pudding, bammy, fried fritters, bammy, snacks, herbal medicine.

Figure 17. Dance: Team member dances with a senior.

Figure 18. Music: Seniors drumming.

Figure 19. Storytelling: Senior reflecting on times of the past.

Figure 20. Poetry: Community member shares a poem by Louise Bennett-Coverly, "No Lickle Twang."

Based on the community's experience during the activity, several significant impacts were identified, particularly regarding the strengthening of community bonds. Bringing together different age groups for a shared cultural experience promoted unity, social cohesion, and a stronger sense of belonging among residents.

The initiative also contributed to the mental and emotional well-being of participants by bridging generational gaps. The involvement of younger community members in activities such as poetry strengthened intergenerational relationships and encouraged mutual respect and learning between seniors and youth.

Another notable impact was the preservation of cultural heritage. Showcasing traditional Jamaican food, artifacts, and storytelling helped to keep cultural traditions alive and fostered appreciation among younger generations. For senior participants, reminiscing about the past and sharing their stories provided a sense of purpose and fulfillment. For younger participants, these activities offered a deeper connection to their cultural roots.

Reflecting on the activities carried out, areas requiring further strengthening were identified, including the Senior Citizens Club, the Marching Band, and the establishment of Sustainable Youth Programmes. Several challenges also emerged, such as no-shows despite timely notifications, community segregation —often requiring the duplication of programmes due to the division between "top Salt Spring" and "bottom Salt Spring"—, and difficulties in finding appropriate times to conduct activities that balance residents' needs and stakeholders' availability.

Additionally, it was observed that certain activities should be carried out more frequently, such as sporting events and activities that encourage social cohesion, including concerts and community parties. Activities identified as needing more resources included the Marching Band and the initiatives led by the Peace and Justice Centre.

Overall, the community activities strengthened bonds across generations, reinforced cultural identity, and highlighted the need for sustained and strategically supported actions to promote cohesion and collective well-being.

(Community Observations Register, Task 05)

Step 6: The Community as Protagonist

Community Treatment (CT) is based on the idea that the community is not just a context or recipient of actions, but an active subject in its own process of change. To strengthen this protagonism, CT proposes strategies organized within the Strategic Treatment System (STS), a set of processes that enable the community to take charge of its development autonomously and participatively.

Main Changes Sought by CT:

- **Change in Perspective:** The community recognizes its own needs and resources.
- **Change in Relationships:** Dependency relationships are broken, and alliances between the community and teams are fostered.
- **Change in the Complexity of Actions:** Social, cultural, and economic perspectives are integrated.
- **Change in Community Mechanisms:** The community is recognized as a system of interconnected networks.
- **Change in Discourse:** Social representations that generate exclusion and fragmentation are transformed.

Reflection:

- How do we move from receiving external help to becoming the protagonists of our own change
- The key lies in collective action. **Let's build change together!**

Task 6: Share the Process and Build Community Commitment

1. The Community through its leaders

Community leaders play a key role in building social identity and organization. Their vision helps to understand the territory's reality, strengthen collaboration networks, and generate positive changes.

Activity: "Leadership map"

- **Materials:** Flip charts, markers, and post-its.
- **Instructions:** In groups, create a map of the community and identify both formal and informal leaders. Write on post-its the role each plays in the community.

Final Reflection:

- How visible are our leaders, and how can we support them?

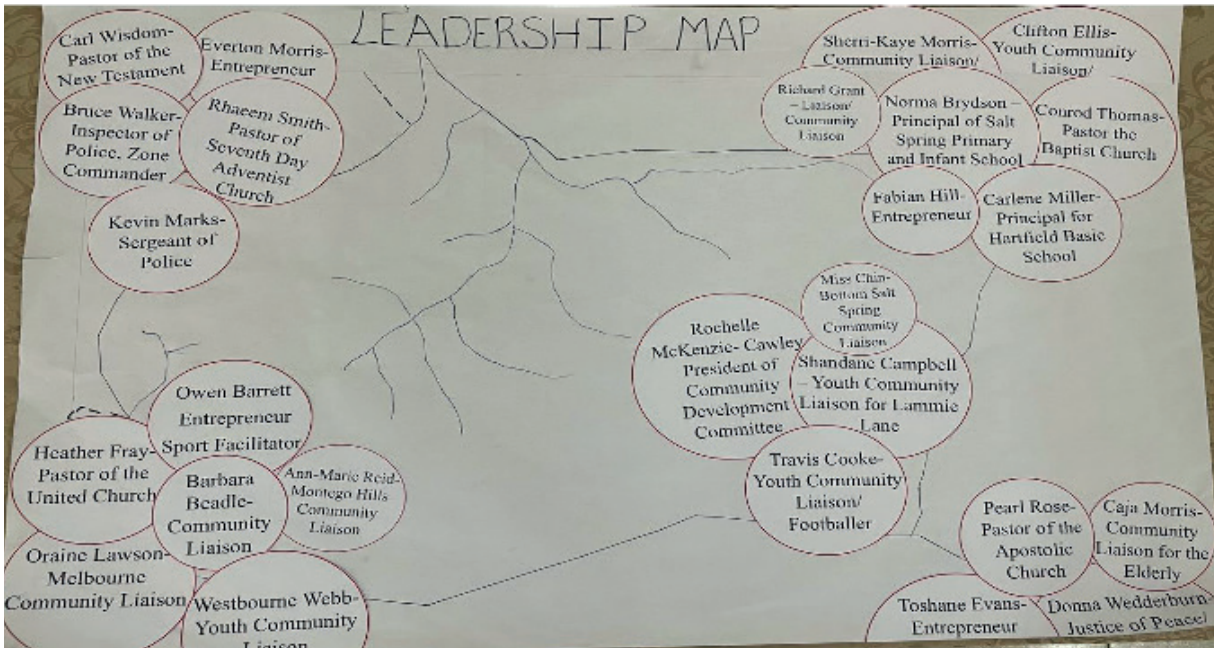


Figure 21. Leadership map.

The reflections arising from this activity focused on the theme: How visible are our leaders, and how can we support them?

It was observed that community leaders are quite visible, as most of them are current residents actively engaged in local life. Their visibility is further reinforced by the activities they lead and the groups to which they are affiliated.

Supporting these leaders involves participating in the activities they are implementing and strengthening the community networks they belong to. This support can also be enhanced by connecting other individuals to these networks, thereby fostering a broader and more cohesive base of community engagement.

(Community observations register, task 06)

2. Learning from the past: Community experiences and projects

Every community action leaves lessons. Knowing past projects—whether formal or informal—helps to strengthen what worked, correct mistakes, and find new ways to improve the community.

Activity: "Community Timeline"

- **Materials:** Long paper and markers.
- **Instructions:** Draw a timeline and mark important milestones in the community. Identify successful and unsuccessful projects, reflecting on what can be learned.

Final Reflection:

- What can we recover and improve? What do we not want to repeat?

Figure 22. Learning from the past: Community experiences and projects.

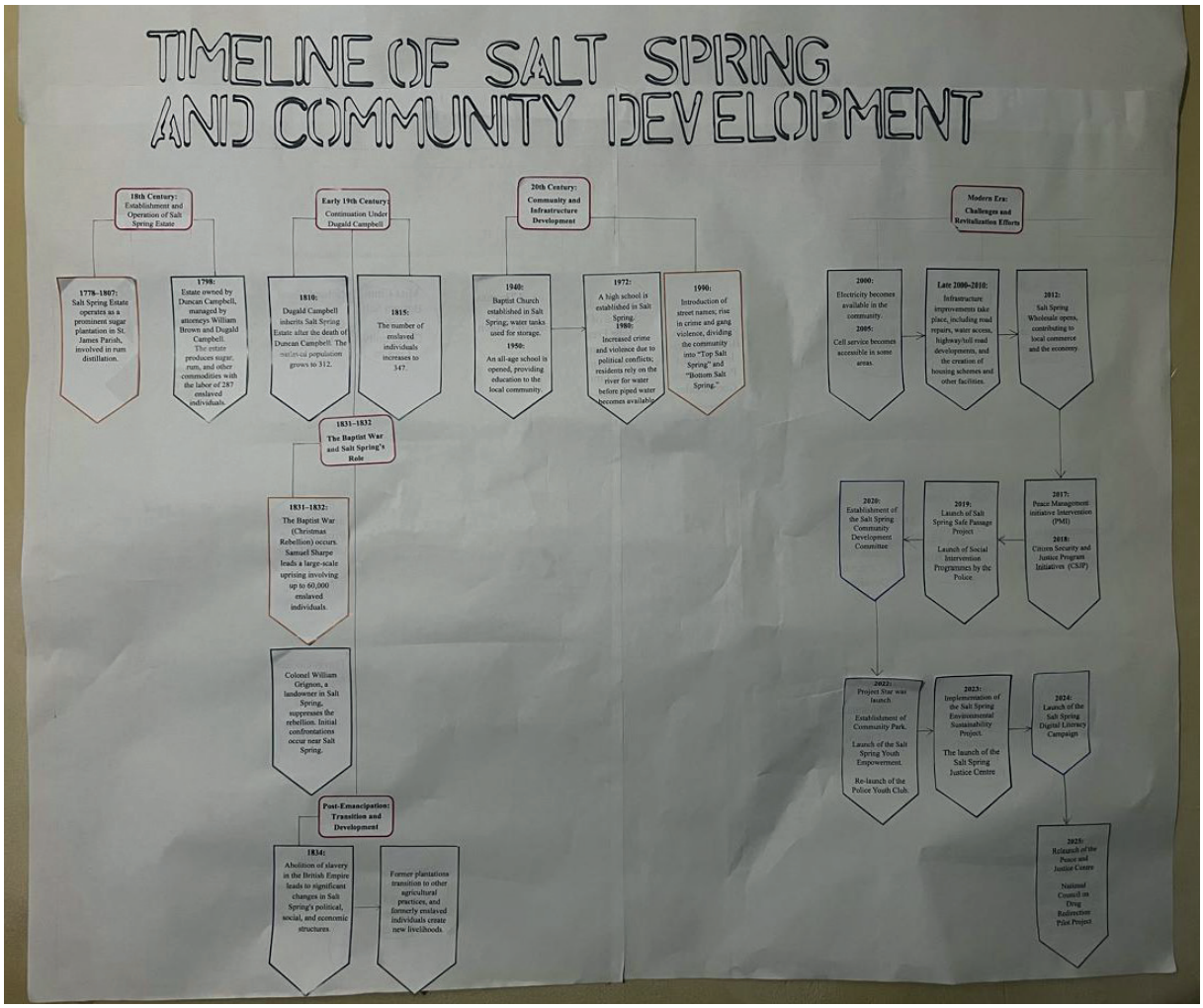


Figure 23. Community Timeline.

The timeline describes the following milestones that mark the development and transformation of Salt Spring and its community:

In the 18th century, the Salt Spring Estate was established and operated under John Tharp, a plantation owner who managed the estate between 1773 and 1807.

Entering the early 19th century, the estate experienced changes in ownership, with Duncan Campbell acquiring it in 1798. After his death, disputes arose among his relatives regarding the division of the estate. By 1806, these disputes highlighted the challenges surrounding land ownership and community stability. In 1835, small numbers of enslaved Africans were manumitted, marking the beginning of a slow path towards emancipation.

The Baptist War of 1831–1832, also known as the Christmas Rebellion, represented a significant moment in the community's history. Enslaved Africans, seeking freedom and better working conditions, staged a major uprising. Colonel William Williams, a leading planter at Salt Spring Estate, played a role in suppressing the rebellion.

Following emancipation, the post-emancipation period witnessed a transformation in community dynamics. By 1840, freed Africans began establishing their own settlements and livelihoods, often on former plantation lands, setting the foundation for Salt Spring's modern community.

The 20th century marked a phase of community and infrastructure development. In 1940, the Baptist Church opened in the Salt Spring area, serving as a vital social and spiritual hub. Agricultural activities expanded, and the community engaged in social organizing and local economic development. In 1972, a high school was constructed nearby, greatly enhancing education opportunities for youth, alongside the establishment of a police station to improve security. By 1996, infrastructure and social services, particularly in Top Salt Spring, saw significant improvements.

In the modern era, new challenges and efforts toward consolidation emerged. In 2000, electricity became more widely accessible in Salt Spring, followed by improved cell phone access. Throughout the late 2000s and 2010s, homeownership initiatives took root, focusing on regularizing land ownership and enhancing housing conditions. In 2021, community members increased their engagement with service providers and stakeholders to address emerging needs.

Recent developments include the formation of the Salt Spring Community Development Committee (CDC) in 2020, and the launch of the Salt Spring Police Youth Club in 2021 to foster youth leadership and engagement. In 2022, new programmes promoting better parenting practices and community mobilization were introduced, supported by the Ministry of National Security and local agencies. In 2023, the Salt Spring Peace and Justice Centre was founded, representing a milestone in community-driven peacebuilding efforts. Consolidation efforts continued into 2024, with collaboration between the National Council on Drug Abuse (NCDA) and the Peace and Justice Centre.

This timeline illustrates the resilience and evolution of the Salt Spring community, highlighting key historical milestones that continue to shape its present and future.

(Research developed by community members, Task 06)

3. The Community's story

Every community has a story that influences its present and future. Knowing its origins helps to understand how its identity, values, and social organization have been built.

Activity: "Neighborhood stories"

- **Materials:** Chairs arranged in a circle and a symbolic object (like a "talking stick").
- **Instructions:** Each person shares an important memory of the community. The facilitator records key words and patterns on a board.

Final Reflection:

- How have these events shaped our community? How do we want future generations to remember us?

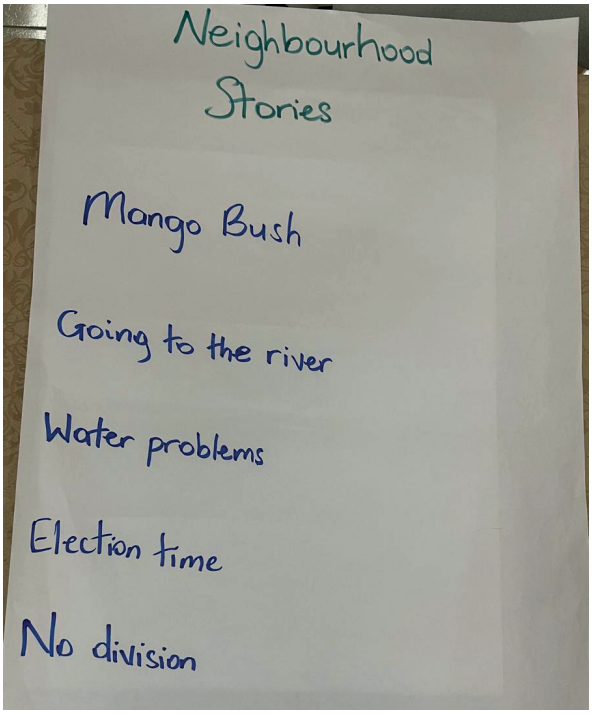


Figure 24. Neighbourhood stories.

Reflections from the community activities

Based on the community's experience during the activity, several significant impacts were identified, particularly regarding the strengthening of community bonds.

Bringing together different age groups for a shared cultural experience promoted unity, social cohesion, and a stronger sense of belonging among residents.

The initiative also contributed to the mental and emotional well-being of participants by bridging generational gaps. The involvement of younger community members in activities such as poetry strengthened intergenerational relationships and encouraged mutual respect and learning between seniors and youth.

Another notable impact was the preservation of cultural heritage. Showcasing traditional Jamaican food, artifacts, and storytelling helped to keep cultural traditions alive and fostered appreciation among younger generations. For senior participants, reminiscing about the past and sharing their stories provided a sense of purpose and fulfillment. For younger participants, these activities offered a deeper connection to their cultural roots.

Reflecting on the activities carried out, areas requiring further strengthening were identified, including the Senior Citizens Club, the Marching Band, and the establishment of Sustainable Youth Programmes. Several challenges also emerged, such as no-shows despite timely notifications, community segregation —often requiring the duplication of programmes due to the division between "top Salt Spring" and "bottom Salt Spring"—, and difficulties in finding appropriate times to conduct activities that balance residents' needs and stakeholders' availability.

Additionally, it was observed that certain activities should be carried out more frequently, such as sporting events and activities that encourage social cohesion, including concerts and community parties. Activities identified as needing more resources included the Marching Band and the initiatives led by the Peace and Justice Centre.

When reflecting on what the community can recover and improve, participants highlighted the importance of continuing the efforts of the Peace Management Initiative and ensuring greater sustainability of programmes implemented by various social entities.

Conversely, in considering what should not be repeated, the community emphasized the need to avoid political divisions, active gang conflicts, mass shootings, and the closure of critical support structures such as the Peace and Justice Centre.

The community also reflected on how these past events have shaped its identity. It was recognized that the challenges faced over time have enabled the positive spirit of Salt Spring to persevere. The resilience demonstrated throughout its history has been fundamental in maintaining unity and strength.

Looking to the future, the community hopes that upcoming generations will remember Salt Spring as a resilient community that thrived despite adversity, transforming challenges into opportunities for growth, solidarity, and collective advancement.

4. Resources and characteristics of the territory

To know and strengthen the community, it is fundamental to identify its resources and characteristics: territory, available and missing services, local economy, education, infrastructure, and culture.

Activity: "Living map of the community"

- **Materials:** Flip charts and colored markers.
- **Instructions:** Draw a map showing existing resources (schools, squares, health centers, businesses). Mark in a different color the resources that are lacking. Hold a group discussion: How can we better leverage what we already have?

Final Reflection:

- How can we turn challenges into opportunities?

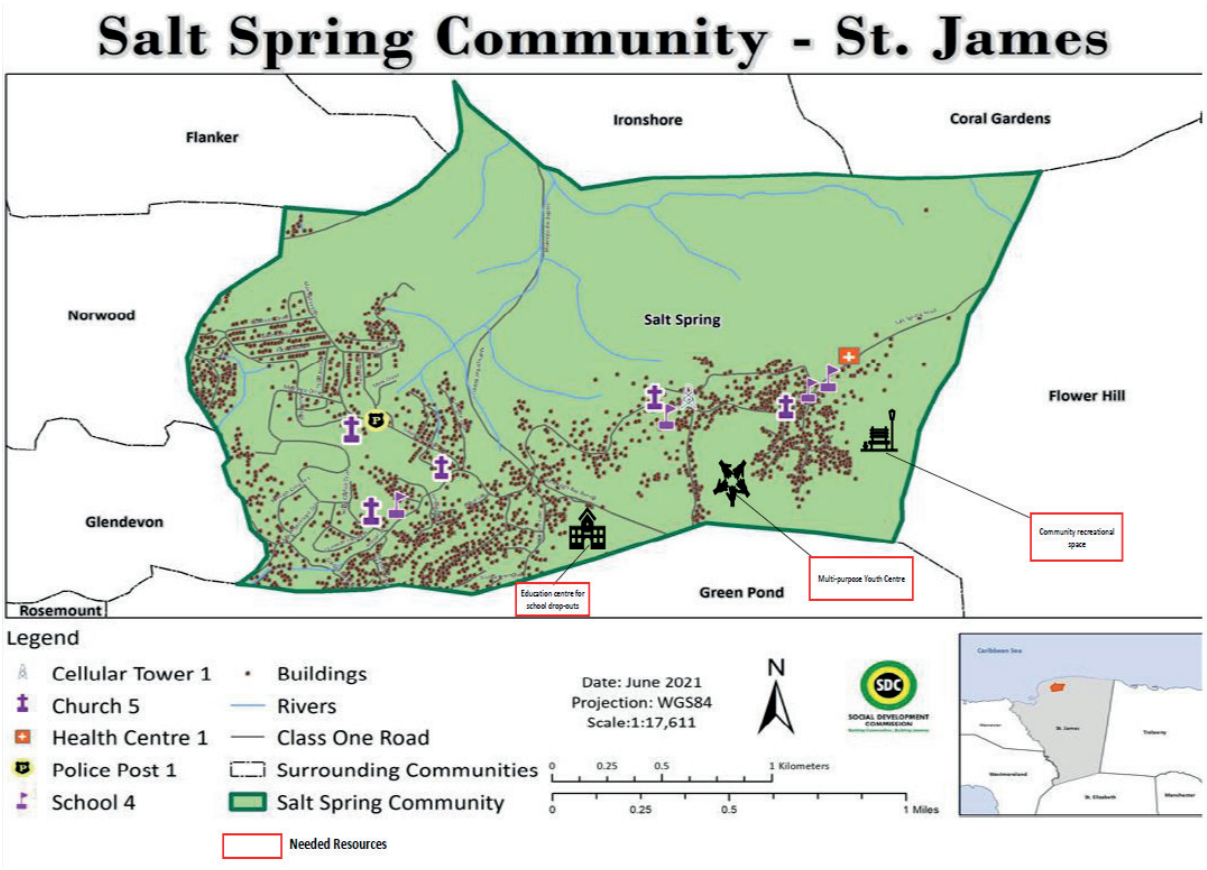


Figure 25. Living map of the community.

The community also reflected on how to better utilize existing resources. It was highlighted that the first step involves caring for and maintaining what the community already possesses, ensuring these resources remain available and functional over the

long term. Furthermore, it is important to identify existing gaps and prioritize the use of available resources to address these challenges effectively. Expanding access and creating more opportunities for all residents to benefit from the existing infrastructure and services was also emphasized as a key strategy for strengthening community resilience.

In addition, the community discussed how to turn challenges into opportunities. By focusing on the lessons that can be learned from each difficulty, the community can transform adversity into growth. Each successful navigation of a challenge contributes to strengthening the com

5. Community narratives and topics of interest

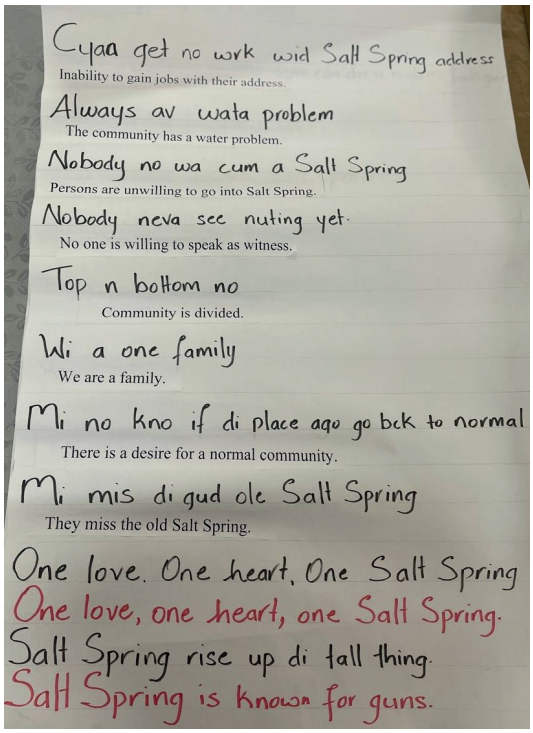
What the community talks about, its desires, concerns, and proposals, helps to understand its reality and build strategies for change.

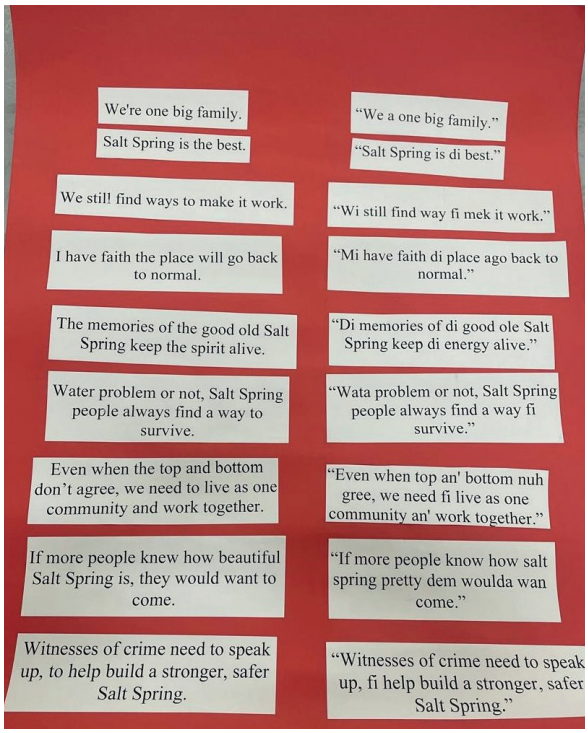
Activity: "What Is Said and What Is Thought"

- **Materials:** Whiteboards or flip charts.
- **Instructions:** Write down common phrases heard in the community (e.g., "No one helps anyone here"). Discuss in groups: Do these phrases reflect reality, or can we transform them? Write new phrases that reflect a more positive and proactive community.

Final Reflection:

- How do we change the way we talk about our community?





Figures 26 and 27. What is said and what is thought/ what is said and what is thought (Positive phrases).

The community also reflected on how to change the narrative surrounding their identity. It was emphasized that strengthening community pride is essential to fostering more positive perceptions, both internally and externally. By first viewing themselves as ambassadors of Salt Spring, residents believe they can embody and promote the change they wish to see, inspiring others and reshaping the way the community is represented and understood.

6. Social representations and changes in the community

Social representations influence how a community perceives and acts toward certain groups or issues. Changing these perceptions is key in prevention, education, and social inclusion.

Activity: "Breaking stereotypes"

- **Materials:** Cards with stereotyped phrases (e.g., "Young people aren't interested in the community").
- **Instructions:** Read the phrases aloud and discuss whether they are true. Share examples of people who defy those stereotypes.
- Reflect: How can we promote more inclusive representations?

Final Reflection:

- What concrete actions can we take to change prejudices?

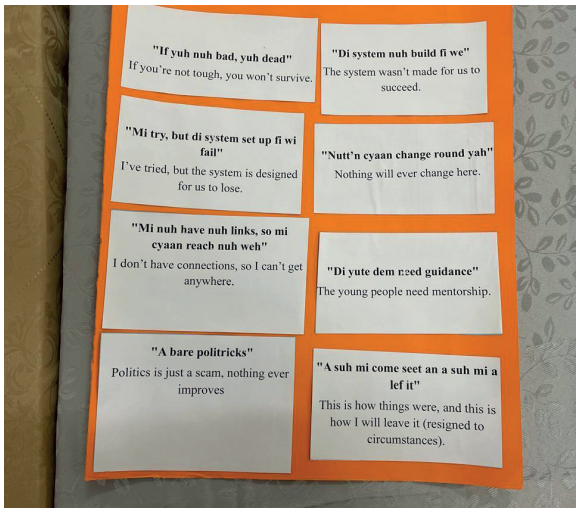


Figure 28. Breaking Stereotypes.

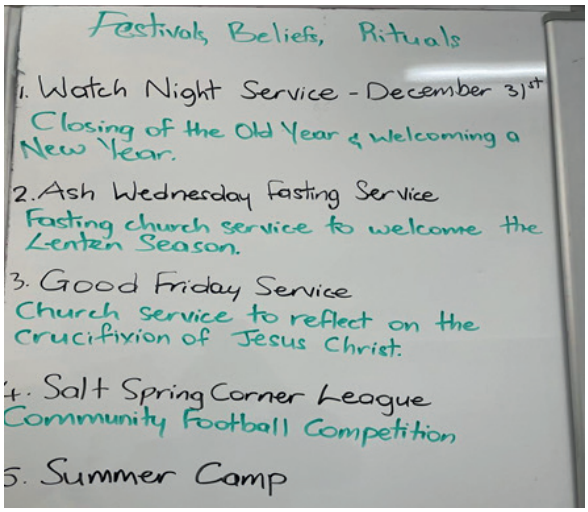


Figure 29. Celebrations and beliefs.

7. Myths, customs, and community rituals

Myths and rituals reflect the community's history, values, and aspirations. They can strengthen social cohesion or generate exclusion.

- **Activity: "Celebrations and Beliefs"**
- **Materials:** Paper and markers.
- **Instructions:** Make a list of important festivals, customs, and rituals in the community. Reflect on what values they reinforce and whether any should be transformed. Plan a community celebration that fosters integration.

Final Reflection:

- How do we use our traditions to unite rather than divide?

8. Community Conflicts: Identification and Resolution

Conflicts can be destructive or generate positive changes in the community. Identifying their causes and addressing them appropriately strengthens coexistence and community development.

- **Activity: "The Conflict Tree"**
- **Materials:** Flip charts, markers, and post-its.
- **Instructions:** Draw a large tree on a flip chart.
- **Roots:** Represent the causes of the conflict.
- **Trunk:** Represents how the conflict manifests in the community.
- **Leaves or Fruits:** Represent the consequences of the conflict (positive or negative).

Divide the group into three parts:

1. Describe the trunk (how the problem is seen in the community).
2. Identify the roots (causes).
3. Propose possible leaves/fruits (solutions or consequences of the conflict). Reflect together on the responses and discuss strategies to transform the conflict into opportunities for change.

Final Reflection:

- How can we address conflicts in a way that strengthens rather than divides the community?

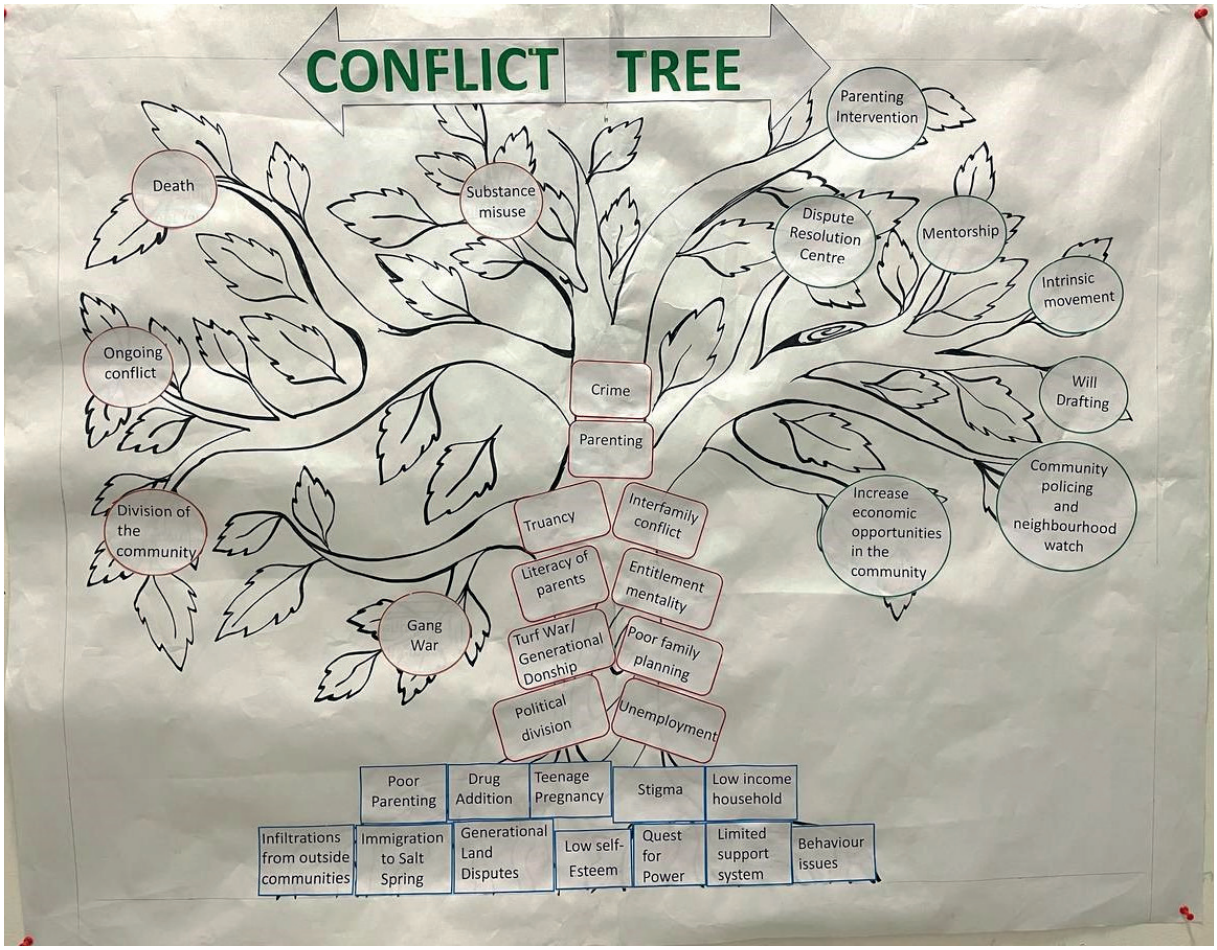


Figure 30. The Conflict Tree.

The community also reflected on how to change the narrative surrounding their identity. It was emphasized that strengthening community pride is essential to fostering more positive perceptions, both internally and externally. By first viewing themselves as ambassadors of Salt Spring, residents believe they can embody and promote the change they wish to see, inspiring others and reshaping the way the community is represented and understood.

In this regard, challenging prejudices about Salt Spring requires consistent and visible actions that reshape how the community is perceived at all levels. Several concrete actions were identified as fundamental strategies. First, changing the narrative through media is crucial to presenting a more accurate, vibrant image of the community. Additionally, strengthening youth and leadership development initiatives will ensure that young people are empowered to represent and advocate for the community's values and aspirations. Finally, organizing open house events, talent shows, and exhibitions that invite outsiders to experience Salt Spring firsthand was suggested as a powerful means to build bridges, foster understanding, and dismantle stereotypes.

The community also discussed the importance of using traditions to foster unity rather than division. Intergenerational engagement was highlighted as a vital strategy, where older residents pass down traditional crafts, skills, and values to the youth. By embracing shared traditions instead of focusing on differences, Salt Spring can strengthen its sense of unity, resilience, and collective progress.

When addressing conflicts, the community emphasized the need for approaches that strengthen rather than divide. Restorative justice methods, such as healing circles and apology and accountability sessions, were seen as key tools for repairing harm and restoring relationships. Addressing the root causes of conflict, such as economic disparities and strained relationships with law enforcement, is also crucial. Strengthening community businesses, creating job initiatives, improving community policing practices, and involving youth in leadership roles were all identified as important measures. Furthermore, organizing social and recreational activities, as well as developing mentorship and support networks for at-risk youth, were seen as effective ways to bridge divides and foster community trust.

Through these collective efforts, Salt Spring envisions a future where its traditions are a source of unity, its challenges are transformed into opportunities, and its community spirit remains resilient and proud.

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